Port Wilson



County Borough of Bournemouth

Annual Report

OF THE

MEDICAL OFFICER of HEALTH

AND

SCHOOL MEDICAL OFFICER for the Year 1936.

Health Department,

Town Hall,

Bournemouth.

May, 1937.

BOURNEMOUTH:
PRINTED BY A. SUTTON & Co., LTD.





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May, 1937.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF BOURNEMOUTH.

MR. MAYOR, LADIES AND GENTLEMEN,

I have the honour to present to you my annual report on the state of the Public Health in Bournemouth and of the activities of the associated services in 1936.

There are certain prominent features. In 1935, the rate of infantile mortality was the lowest ever recorded in Bournemouth, but during the year under consideration an even lower figure has resulted. This will not surprise those who are acquainted with the work that has been done for several years in the Maternity and Child Welfare Section.

Housing necessitated a special survey of Working class houses. This revealed even less overcrowding than had been anticipated—a very small amount. As regards Tuberculosis a great deal has been suddenly

achieved. Several attempts have been made to find a site on which to erect a sanatorium-hospital but difficulties have been constantly encountered. By good fortune an existing institution has been acquired. This is to be found in an ideal position at Linford, near Ringwood. Patients will be accommodated in the various buildings until a Sanatorium-hospital has materialised, which it is hoped will occur shortly.

Infectious diseases have been responsible for much anxiety. Outbreaks of Measles and Whooping-cough have caused several deaths. But far more serious was the epidemic of Typhoid which affected Bournemouth, Poole and Christchurch simultaneously. As explained in the body of the Report this originated in the County of Dorset and could not have been prevented, for it was an accident which might have happened within the area of any local authority.

In Bournemouth there are those who anticipate and take for granted the remarkably good results that are recorded, as they find it difficult to associate disease with such a pleasing environment. Consequently, the outbreak which began at the height of the holiday season came as a rude shock to residents and visitors.

I trust that the details which follow will cause critics to alter their views and even persuade them to express appreciation of what was done.

In conclusion I would thank those members of the Council and many other individuals who have given encouragement to the staff of the Health Department during a very anxious period.

I have the honour to be,
Your obedient servant,
H. GORDON SMITH.

COMPOSITION OF COMMITTEES AND STAFF ON 31st December, 1936.

HEALTH COMMITTEE.

The Mayor (Councillor T. V. Robbeck, J.P.)
Alderman W. Asten, M.D. (Chairman).
Councillor J. H. Turner (Vice-Chairman).

Alderman J. J. Empson, J.P.

Ouncillor R. A. Lyster, M.D., D.P.H

,, W. Jones.
,, R. J. Playdon.
,, R. J. Raggett.

Councillor J. B. C. Beale, J.P.
, J. Richards.

,, Mrs. F. E. Boyce, J.P. ,, Mrs. A. Tiller, J.P. ,, Mrs. E. L. A. Hockey. ,, W. Wilkinson, J.P.

GENERAL SUB-COMMITTEE FOR HOSPITAL AND GENERAL PURPOSES.

The Chairman. The Vice-Chairman.

Aldermen Empson and Summerbee, Councillors Lyster, Playdon & Wilkinson

MATERNITY AND CHILD WELFARE ACT, 1918, COMMITTEE.

Chairman - Alderman W. Asten, M.D. Vice-Chairman - Councillor Mrs. A. Tiller.

Alderman Empson; Councillors Mrs. F. E. Boyce, Mrs. E. L. A. Hockey, Lyster, Playdon, Turner, Miss M. M. Whitehead, Wilkinson; also Mrs. E. Bizby and Mrs. E. Wilkinson.

PUBLIC HEALTH DEPARTMENT.

Medical Officer of Health aud School Medical Officer ... H. Gordon Smith, M.D. (State Medicine), B.S. (London), M.R.C.S., L.R.C.P., D.P.H.

Assistant Medical Officer of Health
Assistant School Medical Officer
and Clinical Tuberculosis Officer.

C. F. Pedley, B.A., (Camb.), M.R.C.S.,
L.R.C.P., D.P.H.

Assistant Medical Officer of Health Grace H. Wood, M.B., Ch.B., (Maternity and Child Welfare) B.Sc., D.P.H.

Assistant Medical Officer of Health,
Assistant School Medical Officer
and Resident Medical Officer of
the Isolation Hospital ... K. J. Grant, M.A., M.B., Ch.B., D.P.H.

in it, j. Glatte, Mills, St. D., D. 1.12

Senior Sanitary Inspector ... A. J. Phillips, M.S.I.A.

District Sanitary Inspectors ... D. J. Mortimore, W. Vincent Morris C. F. Newlyn, S. Powell, J. Randall, E. Smith, S. Tweedie (all certified Royal Sanitary Institute).

Food Inspectors and Certified M. Gutlirie,
Meat Inspectors ... O. Stewart.

Cleansing Inspector ... G. H. Woodlands.

Matron, Municipal Hospital		L. H. Lane
Clerk, Municipal Hospital	•••	D. L. Young.
Health Visitors		M. I. J. Abraham, P. M. Carey. M. G. Cornish, A. M. Crisp, S, Dakin, M. S. Gibbs, M. Harwin F. D. McDonald, F. E. A. Richard- son, All certified Midwives. Also School Nurses.
School Nurse	•••	A. M. Blakemore.
Chief Clerk and Vaccination Officer	•••	A. W. Hurley.
Clerks		R. A. Billen, W. G. Clarkson, E. H. Davis, P.D.E. Dominey, R.S. Jerrett, W. J. Manning, B. C. Mallaband, J. W. Peake, J. W. Roberts, G. O. Willis.
Superintendent of Public Conveniences and Mortuary	•••	T. H. Bailey.
Disinfectors and Drain Testers	·	F. J. Baker, F. Chick, W. C. Feltham, R. E. Gerault, A. Lockyer, W. J. Box
Corporation Rat Catchers	•••	W. J. Roe. J. Burridge, F. J. Smith.
PART-	TIME (OFFICERS.
Part-Public Analyst	Тіме (R. Pendrill Charles, M.D., F.I.C.,
	ТімЕ (R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng.,
Public Analyst		R. Pendrill Charles, M.D., F.I.C., F.C.S
Public Analyst Public Vaccinator	 =	R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., L.S.A.
Public Analyst Public Vaccinator Bacteriologist		R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., L.S.A. A. C. Ingram, M.D., M.R.C.P., D.P.H.
Public Analyst Public Vaccinator Bacteriologist Veterinary Surgeon		R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., L.S.A. A. C. Ingram, M.D., M.R.C.P., D.P.H. J. Stewart Wood, M.R.C.V.S.
Public Analyst Public Vaccinator Bacteriologist Veterinary Surgeon Meteorologist		R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., L.S.A. A. C. Ingram, M.D., M.R.C.P., D.P.H. J. Stewart Wood, M.R.C.V.S. C. Dales, F.R. Met. Soc.
Public Analyst Public Vaccinator Bacteriologist Veterinary Surgeon Meteorologist Borough Dentist	=	R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., I.S.A. A. C. Ingram, M.D., M.R.C.P., D.P.H. J. Stewart Wood, M.R.C.V.S. C. Dales, F.R. Met. Soc. E. Samson, I.D.S., R.C.S., Eng. W. S. Richardson, M.D., F.R.C.S. C. Heygate Vernon, M.A., M.B.,
Public Analyst Public Vaccinator Bacteriologist Veterinary Surgeon Meteorologist Borough Dentist Consultant Obstetrician Deputy Consultant Obstetrician Medical Officer of V.D. Treatment Centre		R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., L.S.A. A. C. Ingram, M.D., M.R.C.P., D.P.H. J. Stewart Wood, M.R.C.V.S. C. Dales, F.R. Met. Soc. E. Samson, I.D.S., R.C.S., Eng. W. S. Richardson, M.D., F.R.C.S.
Public Analyst Public Vaccinator Bacteriologist Veterinary Surgeon Meteorologist Borough Dentist Consultant Obstetrician Deputy Consultant Obstetrician Medical Officer of V.D. Treature		R. Pendrill Charles, M.D., F.I.C., F.C.S A. G. S. Mahomed, M.R.C.S., Eng., I.S.A. A. C. Ingram, M.D., M.R.C.P., D.P.H. J. Stewart Wood, M.R.C.V.S. C. Dales, F.R. Met. Soc. E. Samson, I.D.S., R.C.S., Eng. W. S. Richardson, M.D., F.R.C.S. C. Heygate Vernon, M.A., M.B., F.R.C.S. R. V. Facey, B.A., M.B., Ch.B.,

GENERAL STATISTICS.

Area of the County Borough ... 11,627 acres.

Population: Census 1931 ... 116,797. Estimated 1936 ... 129,200.

Estimated at mid-year 1936

by Registrar-General ... 119,400.

Number of inhabited houses ... 32,300.

Rateable Value, 1936 ... £1,809,203.

Sum represented by a penny rate ... £7,200.

EXTRACTS FROM VITAL STATISTICS OF THE YEAR.

Total M. F.
Live Births { Legitimate 1294 659 635 | Birth-rate 10.78 | Illegitimate 99 41 58 (R.G. 11.66)

Still Births 51. Rate per 1,000 total births 35.32

Deaths, 1,562. Death-rate—Crude, 13.09 Adjusted, 9.82

Percentage of total deaths occurring in Public Institutions, 36.65.

Deaths of infants under one year of age per 1,000 live births:—39.48 (Legitimate, 40.18. Illegitimate, 30.30).

Number of women dying in, or in consequence of, childbirth:—
From sepsis, 2. Other causes, 5. Rate per 1,000 total births, 4.85.

Deaths from Measles (all ages), 8; Whooping Cough, 3; Diarrhoea (under 2 years of age) 2.

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE IN THE COUNTY BOROUGH OF BOURNEMOUTH DURING THE YEAR 1936.

Nett Deaths at the subjoined ages of "Residents" whether occurring within or without the District.

		wit	hout	the	Disti	ict.						
Causes of Death.	All Ages	0	1	2	5—	15	25—	35	45	55—	65	75
All Causes 1—Typhoid and	1562	55	11	9	27	35	49	59	123	233	440	521
paratyphoid fevers	29			1	5	8	 5	1	2	4	2	1
2—Measles	8		3	2	3				ļ			•••
3—Searlet fever 4—Whooping	•••		•••	•••	•••	•••	• • • •	•••	• • • •	•••	• • • •	•••
eough	3	1	1		1							
5—Diphtheria	2				2							
6—Influenza 7—Eneephalitis	12	1	ļ ···		•••	1	• • • •	• • • •		• • • • • • • • • • • • • • • • • • • •	4	7
lethargiea	2		ļ				 					2
8—Cerebro-spinal		'''										
fever	1				•••	1			• • • •	• • •	•••	•••
9—Tuberculosis of respiratory												
system	67	 	1			7	15	12	17	7	6	2
10—Other tuber-												
culous diseases 11—Syphilis		•••	i	1	2	1	1		1	1		2
12—General paraly-					• • • •		· · · ·	•••	1		• • • •	•••
sis of the insane,							ļ					
tabes dorsalis	4	1	· · ·			• • • • • • • • • • • • • • • • • • • •	1	•••	1	2		• • • •
13—Caneer, malig- nant disease	259				1	ļ	2	6	23	60	90	77
14—Diabetes	- 0 0			1	1	1 1			0		13	12
15—Cerebral	00									1.0	20	10
haemorrhage, etc. 16—Heart disease	98 368		1		1 1			1 0				
17—Aneurysm				1	1	1 1	1	1	-	0	1	1
18—Other circula-	105			ŀ								40
tory diseases 19—Bronehitis	4.5		1 (0		1	
20—Pneumonia (all	10		' '					1			1	
forms)	70	9	9 2	2 1	2	2	2	5	10	7	15	15
21—Other respiratory diseases	. 11			1		. 1				. 2	5	2
22—Peptie ulcer					1			. 3	3 1			4
23—Diarrhoea, etc.	8	2		. 1								
24—Appendicitis 25Cirrhosis of	. 16			. 1	2	-	. 2	3	3 2	2	3	1
liver	. 8									. 2	4	2
26—Other diseases											1	
of liver, etc 27—Other diges-	. 11	1			• • •			. 3	5	. 2	4	2
tive diseases	. 35	1 :	2		1		. 1	1	1 9	9 4	1 6	10
28—Acute and	00									, ,,	20	26
ehronic nephritis 29—Puerperal sepsi	68		· · ·	: ::		: ::	. 2	2			1	
30—Other puerpera	1					``		1				
eauses	. 5					. 1	l 4	1				•
31—Congenital de- bility, premature					1			1				
birtli, malforma-												
tions, etc		3.	1	۱								
32—Senility 33—Suieide	4.4					1 1		3	2	$\frac{1}{2}$ $\frac{1}{2}$		
34—Other						1		΄ ΄				
violence	. 36		1	۱	. 3	3 5	5 4	1 :	1 3	$3 \mid 1$	1 8	9
35—Other defined diseases	. 138	1 .	5		. 4	1 3	3 5	 5 8	3 3 10	1	41	48
36—Causes ill-	. 100		1	1		` `						
defined, or un-												
known	• •••							1				
	· ——	1	-		A	1	-	-				

VITAL STATISTICS DURING 1936 AND PREVIOUS YEARS.

		W	Bir	ths		Total deaths	able I		٨	let death to the	s belo Distric	
	Popula-	Pa		Net	1 _	gistered in the listrict	ents	not	Vesi	der I of age	At	all Ages
Year	tion esti- mated to middle of each Year	Uncorrected Number	No.	Rate	No.	Rate	Of Non-residents registered in the District	Of Residents n registered in the District	No	Rate per 1000 Net Births	No.	Rate
1	2	3	4	5	6	7	8	9	10	11	12	13
1917	{ †78395 †70327	967	979	†12.49	1175	†16.70	251	132	82	83.72	1056	†15.01
1918	{ †83227 { †74279 + †6073	1093	1031	†12.38	1140	†15.34	219	144	59	5 7 .2	1065	†14.33
1919	†82627 †86288					†14.63 †11.89	207 177	127 109		87.08 45.39		† 13.66 † 11.10
1920	185919 191770			(13.95		(12.34	179	130		75.13	1	(11.81
1921 1922	81200			15.40		13.95 (12.59						13.34
1923	95600			13.85 11.19	1181	12.46	174	135		56.68	1142	11.71
1924	82200 97000			13.01	1192	(12.62	207	135		59.81	1120	12.06
1925	\$4450 98000			13.16	1225	14.50	187	132		44.96	1170	13.85
1926	85840 100000 90100			\\ 13.46 \{\ 11.10 \}\ 12.31	1222 1291	11.23 12.91 14.32	173 206	128 135		52.76 57.65	1183 1220	13.78 12.20 13.54
1927	102500 92650			10.49 11.61	1338	13.05 14.44	231	139		52.04	1246	12.15
1928	105000 96580			10.55	1397	13.30	258	163		55.05	1312	12.49
1929	{ 108000 97360			9.54	1543	{ 14.28 15.84	261	192		46.55	1473	13.63
1930	{111000 —	1231	1082	9.74	1346		240	149	50	46.21	1257	{11.26
*1931	{ 114 0 60 106380	1324	1182	10.36	1552		261	201	74	62.60	1492	9.81s 10.51s
1932	{ 120000 113200	1433	1279	10.65	1712	10.69s	246	221	70	54.73	1687	10.54s
1933	(115200		1284	$\begin{cases} 10.44 \\ 11.14 \\ 0.06 \end{cases}$	1646	10.03s	227	199	- 1	53.73	1618	9.86s 10.53s
1934	1110000	1479		9.96 10.67 10.33	1611	10.36s	248	198			1561	9.36s 10.03s
1935	126500 118200 129200	1497		11.05	1620	9.60s 10.27s	235	186	Î		1570	9.30s 9.96s
1936	119400	1535	1393	11.66	1678	$ \begin{cases} 9.73s \\ 10.53s \end{cases} $	250	232	55	39.48	1562	9.06s 9.82s

[†] Estimated on new civil population figures supplied by Registrar-General.

^{*} Special estimates by reason of extension of the Borough.

s Rates as adjusted by new comparability factor supplied by Registrar-General.

GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.

(a) Laboratory facilities.

The facilities are usually ample, but in the summer the Bacteriologist found it necessary to extend his laboratory and obtain extra assistance in order to cope with the large number of specimens submitted during the Typhoid outbreak.

(b) Ambulance facilities.

There is no change to record and the arrangements are adequate.

- (c) Nursing in the Home.

 There have been no modifications of the services.
- (d) Clinics and Treatment Centres.

 No alterations have occurred.

(e) Hospitals.

At the Ashley Road branch of the Royal Victoria and West Hants Hospital new wards have been provided for Maternity cases, otherwise there are no changes to report.

LOCAL GOVERNMENT ACT, 1929.

The institutional medical services transferred from the late Board of Guardians are administered entirely by the Public Assistance Committee.

Institutional Provision for the Care of Mental Defectives.

The Defectives placed in various institutions have been gradually transferred to the Colonies at Cold East and Tatchbury Mount, which are shared with the County of Hampshire and the County Borough of Southampton. Arrangements have also been made with he County of Dorset for a limited number of defectives to be received in an occupation centre at Branksome.

Consideration is being given to the provision of a similar centre in Bournemouth.

BACTERIOLOGIST'S REPORT.

Bacteriological Examinations made during the year ended 31st Dec., 1936-

In	connection	with	the	Municipal	Hospitals.
----	------------	------	-----	-----------	------------

Swabs for Diphtl	ieria					434
Faeces cultures						693
Urine ,,						203
Widal reactions						83
Blood cultures						2
Ulcer swab—? org	ganisms					1
Sputa—? T.B.						2
Sputum culture						1
Swab—? G.C.						1
Ccrebro spinal flu	id exami	uations				3
Pus cultures						3
Blood counts						2
Urine—microscop	oical exai	minations	3	•••	•••	3
,, culture		•••				1
,, ? bile and	pus					1

In connection with the Health Department.

Swabs for Diphtheria—				
For the Medical Officer of Health				165
For Fairmile House, Christchurch				5
For Private Practitioners	•••			377
Shutum for Tuberculosis				
Sputum for Tuberculosis—				100
For the Municipal Dispensary	•••	•••	• • •	190
For Private Practitioners	•••	•••	• • •	136
Various Examinations—				
Faeces cultures for Private Practit	ioners			68
	ioners	•••	•••	
Urine ,, ,, ,,		• • •	• • •	20
Widal reaction ,, ,,				75
Blood cultures ,, ,, ,,				9
Sputum—? T.B				1
Examinations of food—? food poise	oning			2
Hairs for tinea				4
Bacteriological examination of watc	r from Ri	ver Bour	ne	1
3 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				52
Milk samples for general examina		• • •		52
Ice cream samples				15
	•••	•••		-

In connection with the Borough Engineer's Department.

Chemical	and	bacterio	logical	examination	of	sewage	
efflue				•••			15

A large proportion of the increase of work was due to the outbreak of Typhoid. To deal with the stools and urine of convalescents an additional laboratory was fitted up and extra staff engaged. This work commenced on October 2nd and the results were as follows:—

		Specimen	.s		Positive	:
	Faeces	Urine	Total	Paeces	Urine	Total
October	 367	108	475	30	2	32
November	 263	94	357	48	8	56
December	 80	16	96	36	_	36
	710	218	928	104	10	114

The increasing proportion of positive results was due to the inclusion of convalescent cases in their earlier stages and to the repeated examination of carriers.

A. C. INGRAM, M.D.

SANITARY CIRCUMSTANCES OF THE AREA. Water.

There are still a few houses on the outskirts of the Borough deriving water from a well. The two water companies extend their mains constantly to serve the new roads that are being developed. Arrangements are made every month to take a sample from the supply of each company. This is examined chemically and bacteriologically by the Borough Analyst. Samples are also submitted simultaneously on behalf of the Water Company to an independent Analyst and the reports are exchanged. The following are typical results obtained by the Borough Analyst:—

CERTIFICATE OF ANALYSIS.

21st August, 1936.

Of a specimen of water marked Bournemouth Gas and Water Co., Ltd., received from the Medical Officer of Health, Bournemouth, on 18th August, 1936, contained in a glass stoppered bottle. Particulars of source, standpipe, St. Stephen's Road, 18th August, 9.30 a.m.

I hereby certify that I have examined the abovementioned sample with the following results:—

DETERMINATION.			Parts per 100,000.
Free Ammonia	•••	•••	. 0.0005
Albuminoid Ammonia			. 0.0070
Oxygen absorbed at		minutes	. 0.0381
		hours	. 0.1067
Nitrites			. Trace
Nitric Nitrogen in Ni	trates		. 0.25
Hardness, Temporary			. 17.5
,, Permanent	•••		. 2.0
" Total			. 19.5
Chlorine	•••		
Total Solids, dried at	180°C.		. 27.2
Free Chlorine			
Free Carbonic Acid			
Metals (Lcad, Copper	, Zinc, Iror	1)	3
pH reaction	•••		
Appearance	• • •		
			clear
			. None
Number of Organisms			
24 hours at 37°C			. 8
Number of Organisms	developing	gon Agar i	
3 days at 22°C.			
	•••		. Absent in 100 c c.
B. Enteritidis Sporoge		•••	٠,
Streptococci	•••		• ,,

Remarks.

This is a clear bright water, free from any deposit on standing. It is of a high standard of purity, both chemically and bacteriologically, and in my opinion may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.

CERTIFICATE OF ANALYSIS.

Of a sample of water marked West Hants Water Co., Ltd., Christchurch, received from the Medical Officer of Health, Bournemouth, on 18th August, 1936, contained in a glass stoppered bottle. Particulars of source—final water chamber, 10.30 a.m., 18th August, 1936.

I hereby certify that I have examined the abovementioned sample with the following results:—

DETERMINATION		PARTS PER 100,000.
Free Ammonia	•••	 0.0050
Albuminoid Ammonia		 0.0055
Oxygen absorbed at 37°C. in	3 minutes	 0.0411
11 11 11	4 hours	 0.1235
Nitrites	•••	 Nil
Nitric Nitrogen in Nitrates	•••	 0.20

DETERMINATION.				PARTS PER 100,000
Hardness, Temporary				21.5
,, Permanent				2.5
,, Total				24.0
Chlorine				1.7
Total Solids, dried at	180°C.			26.8
Free Chlorine				0.005
Free Carbonic Acid				Nil
Metals (lead, copper, a	zinc, iron)			Slight trace iron
pH reaction		•••		7.2
Appearance				Colourless
Odour				None
Number of Organisms		g on Aga	ır in	
24 hours at 37°C.		•••		6
Number of Organisms	developin	g on Aga	ar in	
				9
Bacillus Coli	• • •			Absent in 100 c.c.
				,,
B. Enteritidis Sporoge	enes			,,

Remarks.

This is a clear and bright water of normal colour and free from any deposit on standing. It does not contain any metals apart from a slight trace of iron. Both chemically and bacteriologically the water is of a high standard of purity and in my opinion may be safely used for drinking and domestic purposes.

(Signed) R. PENDRILL CHARLES.

Drainage and Sewerage.

There have been provided five and a half miles of new sewers. These are not available for all the houses recently erected, some of which are connected with cesspools. On the other hand the number of these is being steadily reduced in the Kinson area.

Cesspool Drainage.

District	Total No. of premises	No. of premises drained to cesspools	No. draining to other unsatisfactory outfalls, e.g., land, ditches, etc. (all these have pail or earth closets	No. of premises No. of premises for which sewer for which sewer is available is not available	No. of premises for which sewer is not available
Wick	34	32	2		34
Tuckton	12	7	လ	6	ဇာ
Iford	11	11	1	!	11
Strouden	16	7	6,	61	14
Holdenhurst and Throop	212	97	115	1	212
Winton	7	2	1	l	1
Kinson	405	309	96	228	177
Westbourne	2	63	1	C1	1
East Cliff	1	1	1	1	1
Totals	695	89†	227	243	452

Public Cleansing.

There have been no alterations in the methods adopted.

SANITARY INSPECTION OF THE AREA.

I am indebted to the Senior Sanitary Inspector for the following statement:—

	1.—N	Nuisano	ES.				
Complaints received and att	ended	to				•••	1111
General inspections of distri							271
Number of nuisances detect					•••		955
Number of nuisances abated					•••		932
Number of nuisances outsta	_	_	nuary,	1936	•••	• • •	61
Ditto, 31st December, 1936		•••		•••	•••	•••	84
Visits re abatement of nuisa Number of notices served—				• • •	•••	•••	3843
	Statuto				•••	•••	19
Number of notices complied						•••	187
1,422,41 of 11,500,000 complies		Statut				•••	18
Visits to piggeries	•••	•••	-	•••		•••	97
2.—	-Infec	TIOUS I	DISEASE	€S.			
Enquiries made							553
Total number of visits					•••	•••	747
. 3	.—Nev	v Buil	DINGS.				
Water tests							1955
Number of re-tests					•••		214
Smoke tests	•••	•••		• • •	•••		1261
Number of re-tests	•••	•••		•••		• • •	147
Total visits		or re de			inod	• • •	$\frac{4000}{214}$
Reports made to Building In	aspecte	or re de	iects a	SCCITA	шеа	•••	214
4.—	PRIVAT	E INSP	ECTION	S.			
Premises inspected and teste	ed						98
Subsequent water tests	• • •				•••	•••	65
Subsequent smoke tests	• • •			• • •	•••	• • •	59
Visits re supervision of work		•••		• • •	•••	• • •	450
Total visits	•••	•••		•••	•••	•••	625
	5.—D	ISINFEC	TIONS.				
Number of rooms after noti	fiable o	disease					648
	•••			• • •		• • •	305
Number of rooms after non-		ble dise	ease	•••	•••	• • •	199
Number of rooms for vermi				•••	•••	• • • •	236
Disinfection of places of ent				• • •	•••	•••	76
Number of articles disinfected	eu or (iestroye	ea	•••	•••	•••	8375

	tion of Dwelling-houses during the Year—	
(1) (a)	Total number of dwelling houses inspected for housing	
	defects (under Public Health or Housing Acts)	516
(b)	Number of inspections made for the purpose	1002
(2) (a)	Number of dwelling-houses (included under sub-head (1)	
	above) which were inspected and recorded under the	
	Housing Consolidated Regulations, 1925	116
(b)	Number of inspections made for the purpose	143
(3)	Number of dwelling houses found to be in a state so	
	dangerous or injurious to health as to be unfit for human	
	habitation	Nil
(4)	Number of dwelling-houses (exclusive of those referred to	
	under the preceding sub-head) found not to be in all respects	
	reasonably fit for human habitation	248
9Ramed	y of Defects during the Year without Service of Formal No	tions
Z.—Re.lieu	Number of defective dwelling-houses rendered fit in consc-	nices.
	quence of informal action by the Local Authority or their officers	187
		107
3.—Action	under Statutory Powers during the Year:—	
	A. Proceedings under Sections 17, 18 and 23 of the Ho	ousing
	Act, 1930 :	
(1)	Number of dwelling-houses in respect of which notices	
	were served requiring repairs	1
(2)	Number of dwelling-houses which were rendered fit after	
, ,	service of formal notices:—	
	(a) By owners	Nil
	(b) By Local Authority in default of owners	1
	B. Proceedings under Public Health Acts.	
(1)	Number of dwelling-houses in respect of which notices	
, ,	were served requiring defects to be remedied	Nil
(2)	Number of dwelling-houses in which defects were remedied	
, ,	after service of formal notices:—	
	(a) By owners	Nil
	(b) By Local Authority in default of owners	Nil
	C. Proceedings under Sections 19 and 21 of the Housing	
	1930 :	,
(1)	Number of dwelling-houses in respect of which demolition	
(-)	orders were made	Nil
(2)	Number of dwelling-houses demolished in pursuance of	
(-)	Demolition Orders	Nil
	D. Proceedings under Section 20 of the Housing Act, 19	
(1)	Number of separate tenements or underground rooms in	
(-)	respect of which closing orders were made	Nil
(2)	Number of separate tenements or underground rooms in	
(-/	respect of which Closing Orders were determined, the	
	tenement or room having been rendered fit	Nil
4 77 .	· · · · · · · · · · · · · · · · · · ·	
4.—Housi	ng Act, 1935—Overcrowding.	0
(a) (i)	Number of dwellings overcrowded at the end of the year	9
	Number of families dwelling therein	9
	Number of persons dwelling therein	7 3
(p)	Number of new cases of overcrowding reported during the	NT11
()	year	Nil
(c) (i)		40
(ii)	Number of persons concerned in such cases	297
(d)	Particulars of any cases in which dwelling-houses have	
	again become overcrowded after the Local Authority have	3.717
,	taken steps for the abatement of overcrowding	Ni
(e)	Any other particulars with respect to overcrowding con-	
	ditions upon which the Medical Officer of Health may	
	consider it desirable to report.	

During the first three months of the year a survey was made of all working-class houses. These duties were performed by seven men temporarily engaged who worked under the supervision of the District Sanitary Inspectors.

The total number of dwellings visited was 18,752.

The total number of rooms measured was 842.

As a result of the survey overcrowding was detected in 49 instances, giving a percentage of .26 for the whole of the County Borough. In 12 cases the overcrowding occurred in Council houses.

All families considered suitable were offered Council houses with the result that only nine families were responsible for overcrowding at the end of the year.

During the survey it was found that 624 workingclass houses were unoccupied.

Building.

There continues to be considerable activity in the building industry and premises of various designs are being erected.

Flats appear to be increasing in popularity and are being provided for all sections of the community.

Eighty-four Council houses have been built at East Howe on a site occupying high ground so that the total number is 764.

The following figures are of interest:—

No. of applications on housing register (31/12/36) 202 No. of applications made during the year ... 210 No. of applicants provided with accommodation 139

Rivers and Streams.

No serious pollution has been detected within the Borough boundaries but attention is still being given to the Bourne where occasional contamination has been observed. The exact origin of this has not yet been ascertained.

Swimming Baths and Pools.

- (a) Public Baths. The Corporation provides two swimming baths, viz., at Stokewood Road and the Pier Approach. These are equipped with up-to-date plant, enabling filtration and chlorination to be carried out. Samples are submitted periodically to the Analyst who always reports favourably.
- (b) There is also one privately owned swimming bath open to the public. This, too, is provided with a modern and efficient purifying plant.

Smoke abatement.

Bournemouth has so very few industries that smoke rarely amounts to a nuisance. Recently, however, certain laundries (together with a few other premises) have caused complaints. Those responsible for the conditions have received advice and effected improvements.

Eradication of bed-bugs.

During the year 114 houses, including eight Council houses, were found to be infested with bed-bugs.

In all cases where considered necessary the walls of the infected rooms were stripped, the skirtings and architraves around doors and windows removed, and the houses sprayed with insecticide.

This work is done by the staff of the Health Department, working whenever possible in co-operation with the builders employed by the owners or occupiers of the premises concerned.

Applicants for Council houses are visited in their homes by the Housing Superintendent, who makes a point of examining the conditions under which they

are living, but in no case during the year has it been found necessary to disinfect the belongings of any tenant before moving into a Council house.

RATS AND MICE (DESTRUCTION) ACT, 1919.

No charge is made for the services of the two rat-catchers who have carried out their duties as follows:—

Number of applications for the services of r	at-	
catchers	• • •	828
Occasions when dogs and ferrets were used	• • •	129
Occasions when poison baits were applied		691
Occasions when gas was used	• • •	27
Number of visits for supervision		313
Occasions when no action was taken		90
Number of rats destroyed	• • •	2404

FACTORY AND WORKSHOPS ACT.

The number of workshops and workplaces registered is 627. They are supervised by the District Sanitary Inspectors.

		Premises	Rooms
Trade.	I	Registered.	Occupied.
Dressmakers and Milliners		104	134
Tailors		60	78
Blacksmiths		6	7
Bootmakers and Saddlers		47	5 3
Laundries		7	12
Carpenters and Builders		55	71
Cabinet Makers and Upholsterers		36	56
Coach Builders and Motor Works		12	16
Watchmakers and Jewellers		22	27
Metal Workers		11	12
Cycle Builders and Motor Works		54	66
Miscellancous		4-1	68
Bakehouses		86	94
Kitchens of Hotels and Restaurants	• • •	83	86
		627	780

INSPECTION OF FACTORIES, WORKSHOPS AND WORKPLACES.

1.	Number of			
Premises.	Inspections.	Written Notices.	Occupiers prosecuted.	
Factories	169	5		
(Including Factory Laundries) Workshops	215	9	_	
(Including Workshop Laundries) Workplaces (Other than Outworkers' premises)	61	_	_	
Total	445	14		

2.—DEFECTS FOUND IN FACTORIES, WORKSHOPS and WORKPLACES.

		Number of Defects.			
			,	Number of offences in	
Particulars.	Found.	Remedied.	Referred to H.M. Inspector.	respect of which Prose- cutions were instituted.	
Nuisances under the					
Public Health Acts*					
Want of cleanliness	3 2	3		<u> </u>	
Want of ventilation	2	2	_		
Overcrowding		_		-	
Want of drainage					
of floors	1	_	_	_	
Other nuisances Sanitary accommoda-	1	1	_	_	
tion—					
Insufficient	1	1		_	
Unsuitable or		•			
defective	6	6			
Not separate for					
sexes					
Offences under the					
Factory & Workshop	1	İ			
Acts:— Illegal occupation of					
underground bake-					
house (s. 101)	4	1			
Other offences†	7	7	_	_	
Total	21	21		_	
	l l				

^{*}Including those specified in sections 2, 3, 7 and 8 of the Factory and Workshop Act, 1901, as remediable under the Public Health Acts.

[†]Excluding offences relating to outwork and offences under the sections mentioned in the chedule to the Ministry of Health (Factories and Workshops Transfer of Powers) Order, 1921.

Homework.

During the year 38 lists containing the addresses of 82 out-workers have been received. In each case an inspection was made, but in one instance only was it found necessary to serve a notice requiring works to be executed.

Registries for Female and Domestic Servants.

The number of premises on the register at the end of the year was 15. Regular visits were paid to these for the purpose of enforcing the bye-laws. Shops Acts, 1912-1934.

In the following instances notices were not found affixed as required by the Acts:—

Exempted trade no	otice under t	he Secoi	nd
Schedule		• •	61
Assistants' weekly l	half-holiday	notice	155
Notice as to the	employment	of you	ng
persons under S	Section 2		99
Early closing day n	notice .	• •	38

It was found necessary to serve two notices to provide and maintain adequate ventilation.

In seven instances seats for female assistants were required.

One hundred and fifty-nine special inspections have been made with regard to the sale of non-exempted goods after half-day and evening closing. In 26 cases verbal warnings were given; explanatory letters to the Health Department in response to these were accepted.

Periodical inspections under the Hairdressers' and Barbers' Shops (Sunday Closing) Act, 1930, have been made and no contravention of the Act was found.

SUMMARY OF SHOPS ON REGISTER, 31st December, 1936.

Grocery & Provision Dealers 299 Greengrocers, Fruiterers & Florists 185 Bootsellers and Repairers 151 Tailors and Outfitters 115 Butchers 142 Drapers, Milliners & Dressmakers 250 Furniture Dealers 91 Toys, Newspapers, Tobacco & Sweet	30 7 - 8 - 11 8 -	10 — — — — — — — — — — — — — — — — — — —	224 101 131 98 126 194 74 70 27	12 4 2 - - - - 6 1	 6 4 18 16 8 55 16	17 69 — 1 — — —
Traders 309 Bakers 67 Dairies 47 Motor and Cycle Dealers 105 Fish and Poultry Dealers 69 Jewellers and Watchmakers 55 Refreshment Dealers 101 Sweets and Confectionery 99 Photographers 21 Chemists 79 Hairdressers 133 Fancy Dealers 39 Saddlers and Trunkmakers 13 Booksellers and Stationers 72 Ironmongers 74 Coal and Corn Dealers 38 Wardrobe Dealers 13 Glass and China Dealers 14 Off License Houses 60 Miscellaneous Traders 234 Number of Shops on Register 2875 Empty Shops in Borough 212 Total No. of Shops in Borough 3087	_	1 2 1 1 1 27 1	39 61 40 36 3 27 15 73 108 28 11 60 55 26 12 13 16 145	2 - 1 1 4 - - - 1 - - - - 4	1 10 	31 5 34 23 87 63 1 5 — — — 41 31 620

Rag Flock Acts, 1911 and 1928.

No samples have been taken.

The Fertilisers and Feeding Stuffs Act, 1926.

No applications for samples to be analysed have been received, but six unofficial samples of fertilisers and seven of feeding stuffs were taken.

The Analyst stated that a sample of meat and bone meal contained an excess of 4.96 per cent. of oil and 11.8 per cent. of phosphoric acid, together with a deficiency of 5.06 per cent. of albuminoids. An official sample from the same source proved satisfactory.

SUPERVISION OF FOOD.

Milk and Dairies Order, 1926. Number of producers (residing outside the Borough) registered to sell wholesale and/or retail in the Borough ... 9 Number of producers (residing in the Borough) registered to sell wholesale 16 Number of producers (residing in the Borough) registered to sell by retail 8 Number of retailers (residing outside the Borough) registered to sell by retail within the Borough 6 Number of dairy and shop proprietors registered as retail purveyors 345 . . .

Inspections.

Visits	to	dairies		541
Visits	to	milkshops	• • •	309
Visits	to	cowsheds		323

During the year large improvements have been carried out on the milk producing farms in the Borough.

A new cowshed and dairy washhouse were erected at one farm, and cowshed reconstruction was carried out at five others.

One prosecution was instituted against a producer-retailer, living outside the Borough, for selling milk without being registered within the Borough. A fine of 10/- was imposed by the Justices.

Milk (Special Designations) Order, 1923.

The following samples were submitted to bacteriological examination and found to be up to standard:—

Certified milk			3	samples
Grade A milk	• • •		10	,,
Pasteurised milk		•••	6	*)

The Milk (Special Designations) Order, 1936.

This order came into operation on June 1st, revoking the Milk (Special Designations) Orders of 1923 and 1934, and prescribing the following special designations for milk:—

Tuberculin tested Accredited Pasteurised.

Ninety samples have been examined, viz:—

	Satisfactory	Unsatisfactory
Tuberculin tested	9	_
Accredited	5	3
Pasteurised	53	20

The unsatisfactory samples of accredited milk were followed up and advice was given as to the methods of production. Subsequent samples satisfied the bacteriological tests.

In consequence of the unfavourable reports on pasteurised milk, attention was given to the pasteurising plants, with the result that further samples complied with the conditions laid down in the Order.

Examination of milk for the presence of tubercle bacilli.

Ten samples of milk were submitted for biological examination for the presence of tubercle bacilli. These were mixed milks coming into Bournemouth from farms outside the Borough. In no case were tubercle bacilli detected.

In addition fifty-two samples of non-graded milk were examined microscopically for the presence of dirt and tubercle bacilli. These organisms were not found in any of the samples, 51 of which had attained a satisfactory standard of cleanliness.

The following licences were granted under the Milk (Special Designations) Order, 1923 and 1934:—Certified, dealers' licences 13 Grade "A" T.T., dealers' licences 2 Grade "A", producers' licences 4 Grade "A", dealers' licences 6 Pasteurised, pasteurising establishments ... 2 Pasteurised, dealers' licences 19 Tuberculin tested, bottlers' licences 1 Slaughter-houses.

There are four registered and seven licensed slaughter-houses; there are also nine wholesale meatstores.

The number of animals slaughtered was :—

Beasts 545

Sheep 7681

Calves 2765

In consequence the Inspectors recorded 2692 visits.

Other Food Premises Controlled.

...

Pigs

...

These include 89 fish-shops, 35 of which sell fried fish:—

			Visits
Butchers	• • •	• • •	2336
Fishmongers and	Poulter	ers	692
Greengrocers	• • •	• • •	1316
Grocers	•••		1557
Ice-Cream Vendo	rs	• • •	122
Hawkers' carts	• • •		199
Restaurants and	cafes		61
Stalls	• • •	• • •	23

6306

8812

The amount of food surrendered and destroyed as diseased or unsound.

			lbs.
Butchers' meat	(diseased)		9080
Butchers' meat	(unsound)		3065
Fish	•••		1501
Fruit			27
Tinned food			3170
Poultry	•••		393
Rabbits	•••		153
Eggs	•••	• • •	20
Liquid eggs	•••	• • •	11
Egg whites			44
Celery	• • •	• • •	9856
		_	27320

Bakehouses.

There are 89 registered, one being an underground bakehouse.

They have been limewashed or painted as required and kept in a satisfactory state. 174 visits have been paid.

Ice-Cream Premises.

The registration of premises used for the manufacture or sale of ice-cream is required by the Bournemouth Corporation Act, 1930. There are on the register 178 retail and 48 manufacturers and retail premises.

Prepared Meat Premises.

Registration of these is also required by the Bournemouth Corporation Act. 163 are registered.

Merchandise Marks Act, 1926.

Constant supervision is exercised by the Food Inspectors. It has been found that these orders are being complied with by the numerous tradespeople in the town in a satisfactory manner, although

occasional infringements have been detected. One prosecution was instituted against a retailer for selling imported turkeys not bearing an indication of origin. This vendor was fined £2 and 10/- costs.

FOOD AND DRUGS (ADULTERATION) ACT, 1928 AND THE PUBLIC HEALTH (PRESERVATIVES, ETC. IN FOOD) REGULATIONS, 1925-1927.

In the following tables is given the nature and degree of adulteration together with the action taken.

ADULTERATED OFFICIAL SAMPLES.

	Na	ture	of		Nature	of		
No.	Sa	mpl	e		Adultera	tion		Action taken
433								Vendor warned.
456				407	,,			Letter of explanation
				, 0	• • •			accepted. Vendor warned
473	,,			1.6%	6 ,,	,,		Vendor warned.
481	,,			2%	,,	,,		Vendor warned. Vendor warned.
482	,,			1.1%	/ 0			Vendor warned.
417	Malt	Vin	egar	14%	Deficient	in Ac	etic	
			Ŭ	Å	eid			Vendor warned.
566	Milk			6%	fat defici	ent		Taken in course of delivery.
				, 0				Producer was fined £2
								and 10/- costs.
584	,,			5%	extraneo	us water	:	Vendor warned.
591	,,							Takeu in course of delivery.
592	,,			2%	,,	,,		Appeal to cow sample.
				, -				Producer warned.
657	,,			4%	,,	,,		Producer fined 10/
695	,,			20%	fat defici	ient		Vendor warned.

ADULTERATED UNOFFICIAL SAMPLES.

1	Tinned Sild	Contained 3.1 grains of tin per 1b. Consignment
		surrendered and destroyed.
2	,, ,,	Contained 3.5 grains of tin per lb. Consignment
		surrendered and destroyed.
44	Milk	5% fat deficient. This was taken as a preliminary
		to sample No. 566.
61	,,	2% extraneous water. Further sample taken—proved
		satisfactory.
67	,,	10% fat deficient. Official sample taken—proved
		satisfactory.
85	Tinned Sild	2.3 grains of tin per lb. Consignment surrendered and
		destroyed.

PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

It will be noticed that there have been relatively few notifications and a small number of deaths recorded in respect of the common infectious diseases.

In August, however, misfortune in the form of Typhoid Fever fell upon Bournemouth and the adjoining boroughs of Christchurch and Poole. The lastnamed and the County of Dorset were actually the foci of infection but as the County Borough was most affected the outbreak has been referred to ineptly as the Bournemouth epidemic. Concerning the origin and the methods of control that were adopted much has been said by individuals competent or otherwise to express an opinion, but there is an outstanding feature that the outbreak was quietly and steadily brought to a standstill in the course of a few weeks and the district thereby saved from disaster. It will perhaps be instructive if I record my impressions briefly in the form of a narrative as other and doubtless more detailed reports will be available shortly. So far as Bournemouth was concerned, the onset was insidious. In July there had been brought to my notice what appeared to be isolated cases of food-poisoning though the diagnosis was not confirmed in the laboratory. I had also heard unofficially of people outside Bournemouth who were having gastro-intestinal symptoms associated with slight pyrexia of brief duration. Consequently, it appeared probable that there would be individuals similarly affected in the County Borough.

In the first week of August, I commenced my annual vacation, leaving in charge of the Health Department Dr. Pedley, Deputy Medical Officer of Health. The latter communicated with me on August 20th as he had been asked on August 13th to see in consultation two or three patients whose symptoms suggested food-poisoning; since that date other cases had been brought to his notice. Dr. Pedley told me of the action which he was taking and received my

approval. The day following he heard from Dr. Maule Horne, Medical Officer of Health of Poole, that there were in that borough several individuals who were possibly suffering from Enteric Fever. Dr. Maule Horne and Dr. Pedley decided to inform the Ministry of Health immediately. In consequence, Dr. Vernon Shaw, a Medical Officer of the Ministry, visited the district in the morning of August 22nd. A conference was held in Poole. There were present Dr. Shaw, Dr. Maule Horne, Dr. Pedley and certain practitioners who were in attendance on the patients. In addition there was Mr. X, the Managing Director of a large dairy which had a depot in Poole deriving its milk from farms in Dorset. Attention had been directed to this dairy as it was noted that most of the patients had consumed milk from that source. As the result of the conference it was decided that the outbreak was one of Enteric, possibly Para-typhoid, and that this was due to infected milk. Mr. X was asked to pasteurise all milk which passed through his hands and this he undertook to do as from August 22nd.

He was therefore allowed to continue the retail distribution of the milk.

Dr. Shaw considered that the medical practitioners in the district should be at once advised of the circumstances and that every case notified should be removed to an Isolation Hospital. Dr. Pedley sent the same day a circular letter to all doctors who were known to be practising in Bournemouth and informed me likewise what had taken place.

I therefore returned to duty on August 24th and found that notifications chiefly of Para-typhoid were being received rapidly. Many patients had already been admitted to hospital, and others were waiting to be removed. It was apparent that the number of beds available would be quite inadequate and that further accommodation should be provided without delay. For several years, I have contemplated the

possibility of an epidemic in Bournemouth and have advised the Council that a new Isolation Hospital should be built. It was unfortunate that as a result of complications this institution was not in existence when the emergency occurred. A special sub-committee of the Council having been appointed, various means of obtaining additional accommodation were considered. Attention was given to Fairmile House in Christchurch, formerly a Poor Law Institution, but now under the administration of the Public Assistance Committee of the County Borough. The Chairman of this Committee co-operated actively as he did on subsequent occasions with the result that the wards on the ground floor of the Women's Infirmary were lent to the Health Committee for the use of Enteric patients. The Master and Matron of the Institution gave valuable assistance and Dr. Shaw and Mr. Norman, an Inspector of the Ministry, did much to expedite the arrangements. The Medical and Nursing staff at Fairmile were provided by the Health Committee. By this time, it had been established that most, if not all, of the patients were suffering from Typhoid and not Para-typhoid; several were already dangerously ill. A few days after the first patients had been admitted to Fairmile Infirmary it was obvious that still more beds would be needed.

The Chairman of the Public Assistance Committee mentioned Haddon Hill, a large house then unoccupied, in a secluded part of Bournemouth. With his help possession was obtained and work commenced. In the course of three days the house had been adapted as a hospital and patients were being admitted. Simultaneously, temporary buildings were erected in the grounds. Yet another hospital was supplied by the Governors of the Royal Victoria and West Hants Hospital, which lent the Poole Road Hospital together with the staff.

By this means it was possible to accommodate all the patients who required admission. During the first week of the outbreak there was unavoidable delay in providing the beds so urgently needed and it was natural that this should cause a certain amount of criticism. There was also difficulty in obtaining an adequate number of efficient nurses.

Hospital accommodation was one of the many problems which had to be dealt with during the outbreak for the Health Department was the scene of extraordinary activity. Doctors were calling or telephoning to give details as to cases—some definite, many suspected, asking for a diagnosis to be made or confirmed relatives of patients, hotel proprietors, principals of schools and representatives of the Press were among those clamouring for information or advice. Nevertheless the work was tackled by all members of the staff who laboured constantly and ungrudgingly. The usual routine associated with a notifiable disease was observed. When a case was notified the house was at once visited by an inspector who made the necessary inquiries and arranged for the removal of the patient to be followed by disinfection of the premises. So far as practicable a list of "contacts" was obtained, due recognition being given to the fact that the infection had apparently originated late in July. The information received was forwarded in respect of visitors to the Medical Officer of Health concerned. Very soon details were being supplied from other areas of visitors who had become ill after returning home. The facts collected from all sources were very interesting and there was no doubt that milk from the suspected dairy was responsible for the outbreak. 254 of the 284 patients who were proved to have the disease had consumed the milk in question. The remainder were believed to have done so as meals had been taken on various premises, e.g., restaurants. With this knowledge it was easy to be hopeful and to anticipate the progress of the epidemic. Assuming that the milk was a source of danger up to August 22nd, when pasteurisation was first carried out, it was legitimate to expect that there would be a marked drop in the number of notifications in the first week of September and this actually occurred.

Although optimism prevailed in the Health Department, there was in certain directions a lack of restraint. Some people talked of carriers and the need of universal inoculation, others doubted the origin of the outbreak and criticised the methods that were being adopted, especially those relating to publicity. It is appropriate therefore to say that throughout the critical period constant touch was maintained with the Ministry's officials, particularly with Dr. Shaw, who gave advice and approval on many occasions.

In Bournemouth an attempt was made to deal with every case on its merits so that removal to hospital was not invariably required. Thirty-seven patients were nursed in their own homes or in nursing establishments. This was permitted when it was considered that effective nursing and isolation could be arranged or when removal might be harmful to the patient. In the same way the circumstances of each contact were considered, especial attention being given to those who were likely to handle food. Elementary school children who were contacts were excluded from school in order to satisfy public opinion rather than to serve any useful purpose.

When reviewing the past it would seem that after the initial difficulties had been overcome the methods practised were productive of good results. It is true that 31 of the 284 patients nursed in Bournemouth died, but several of these had been ill for some time before the nature of the illness was suspected. It has also been ascertained that 138 individuals (and perhaps others) were infected in Bournemouth before they returned home and became ill but the majority of these had already left the district when the outbreak was discovered.

The recovery of a patient is not the only result hoped for; an aspect of great importance to the convalescent is his freedom from infection. As is well known, there are individuals who may or may not have suffered from Enteric that are capable of harbouring for an indefinite period the germs of the disease. These are passed in the faeces or urine or in both. Before a patient was discharged from hospital every effort was made to satisfy the requirements of the Bacteriologist who adopted the most recent and exacting methods in examining the specimens. It was found impossible to obtain negative results from seven individuals who have become carriers. It is not practicable to keep such persons in hospital indefinitely and they have therefore returned home provided with advice as to their future conduct. One of them, a woman, insisted upon taking her discharge directly she felt well, with the result that she apparently infected her child soon after reaching home.

This is the only known instance in Bournemouth of infection by a carrier since the outbreak began.

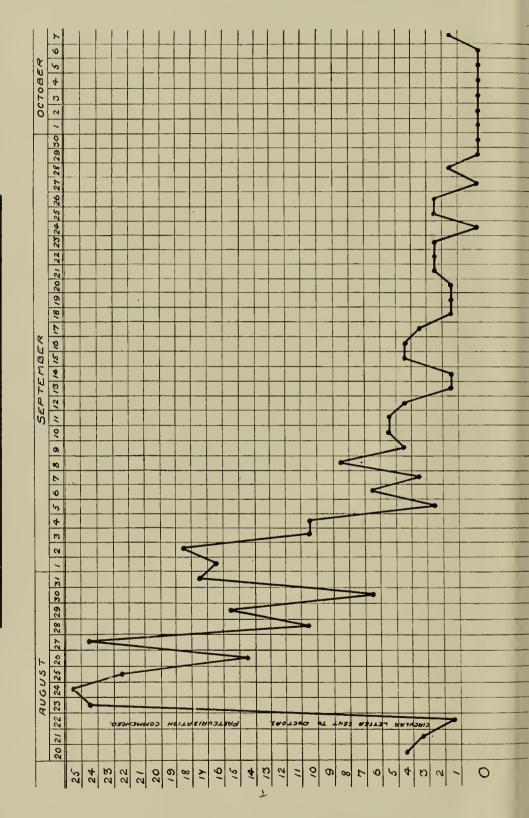
There are several lessons which can be learnt from the epidemic and some consolation to be obtained for in many towns the size of Bournemouth the consequences would have been much more serious.

TYPHOID FEVER.

Certified Causes of Death in respect of Local Cases. Date of Death Initials of Sex Certified cause of death Patients Age 1936 16 29th August 1a. Acute peritonitis. B. F. M.... (F) b. Typhoid fever.c. Acute appendicitis. Appendicectomy. Aug. 20. la. Intestinal haemorrhage. 25 30th August ... R.G. S. ... (M)b. Typhoid fever. la. General peritonitis. O. D. J. ... 10 1st September (M)b. Perforation of ileocaecal ulcer. c. Typhoid fever. 1a. Intestinal haemorrhage. b. Typhoid fever. 1a. Typhoid fever. T A. S. ... (M) 31 1st September 62 2nd September A. T. F. ... (\mathbf{M}) 1a. Typhoid fever. G. P. D. ... (\mathbf{M}) 2nd September

Initials of Patients	Sex	Agc	Date of Death. 1936	Certified cause of death.
J. H. G I. D. B	(M) (F)	18 14	2nd September 4th September	1a. Typhoid fever.1a. Cardiac failure.b. Intestinal haemorrhage.
D. M. F	(F)	29	7th September	c. Typhoid fever. 1a. Lobar pneumonia.
M. F. L I. M	(F) (F)	16 21	9th September 9th September	b. Typhoid fever. 1a. Typhoid fever. 1a. Toxaemia.
B. F. C. B.		28	·	b. Typhoid fever.
	(M)		11th September	1a. Peritonitis (operation). b. Typhoid fever.
C. A. M H. D. H. G.	(\mathbf{F}) (\mathbf{M})	60 5	12th September 13th September	1a. Enteric fever. 1a. Haemorrhage.
D. E.B	(F)	40	13th September	b. Enteric fever. 1a. Typhoid.
L. E. W	(F)	74	13th September	1a. Peritonitis.b. Perforation of ulccr of ileum
F. M	(F)	59	14th September	c. Typhoid Fever. 1a. Typhoid fever.
P. F	(F)	6	14th September	b. Broncho pneumonia. 1a. Perforation and general
7.00	,	0		peritonitis. b. Enteric fever.
E. C. O A. E. E	(\mathbf{M}) (\mathbf{M})	$\begin{array}{c} 9 \\ 25 \end{array}$	15th September 18th September	1a. Typhoid fever1a. Broncho pneumonia.
P. E. J	(F)	6	18th September	b. Enteric fever. 1a. General peritonitis.
Н. А. В.	(M)	45	21st September	b. Typhoid fever. 1a. Broncho pneumonia.
				b. Enteric fever.2. Multiple boils.
E. R	(M)	75	25th September	1a. Typhoid fever.2. Parkinson disease.
L.E.deL.S.	(F)	49	29th September	senility. 1a. Typhoid fever. 2. Hypostatic congestion of
P. K. M. S.	(F)	16	30th September	lungs. la. Toxaemia and exhaustion.
E. C	(F)	42	4th October	b. Typhoid fever. la. Toxaemia due to chronic
W. G. S	(M)	46	6th October	ulcerative colitis. b. Enteric fever. la. Subphrenic abscess and
3. 5	(111)	10	oth October	empyema. b. Perforated typhoid ulcer
				(opn. ulcer sutured 3/9/36).
M. O. F	(F)	18	17th October	1a. Toxaemia and exhaustion due to typhoid fever.
O. A. W. J. J	(F) (M)	22 73	17th October 20th October	1a. Typhoid fever. 1a. Toxaemia and femoral
	(3.2)			thrombosis. b. Typhoid fever.
A. J. D	(F)	59	31st October	1a. Typhoid fever. 2. Obesity.

DAILY NUMBER OF TYPHOID CASES.



AGE AND SEX INCIDENCE OF CASES OF TYPHOID FEVER.

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40 F.	-				C1	1	-	-	- 1	-1	1	1	2	1	1	-	-		-	-	I
36–40 M. F.	1	1		1	1	1	1	-		1	1	1	1	1	-	1	1	-	1		I
-35 F.	_	1	1	1	1	8	8		-1		_	ı	1	1	1		-		-		_
31-35 M. F.	1	1	1	1	1	1	-	-	-	1	1	1	ı	1	1		1		1	-	ı
30 F.		1			2	2	1	-	-	2	1	ı			-	1	1	_	1		}
26-30 M. F.		1	1	c1	1	-	-	က	1	1	1	1	1	-	1	1	-	-	-		1
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21-25 M. F.		1	_				_	1		1	. 1			-	1	- 1		_			1
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16-20 M. F.	-	1			2	8	1	2	1	1	1	1	-	2	-	1	1	-	1	1	1
- 7	-	-		1	!		1	ı	1	C1		1	1				1		1	1	}
11-15 M. F.	1		1		7	1	2	+	-	3	1	-	-	1	1		1			-	1
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6-10 M. F.	-	_		2	-	-	3	က	1	C1	1	2	3	1	-	_	1	1	-	1	
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0-5 M. F.				7	_	_		_		_		_		7		1	1				
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		C1		13	7	6	4	8	62	9	2	6	9	6	8	+	C1	3		4	
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41– M. F.	C/1	-	1	-	1	1	61	1	1	1	1	1	1	1	1	1	1	1	1		1	-	1
36–40 M. F.	1		1	1	1	1			1		1	1	1		1	1	1	1	1			1	Ì
36- M	1	-	1		1			1							1	1	1	1	1			1	Ì
35 F.	1	1	1	1	1	1	1	1	1	1	1		1	1		1	1				1		1
31–35 M. F.	1	-	1		j 1	1	1	1	l t	1	1	1	_	1	1	1	1	1	1	1	1	1	
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26-30 M. F.													-						1				
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21-25 M. F.	1	1	-	1	-	1	1	1	1	-	1	1	1	1	1	1	-	1	1	1	1	1	
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16-20 M. F.	1		1	1	1	1	;		1	1	1	1	1	1	1	1		,	1	1		1	
11–15 M. F.	-	1	1		1	1		_	1		1	2	1	1		1					1	1	
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6–10 M. F.	ı	-	1	1	1	-	1	1	1	1	1	1	ı	1	1	ı	1	1	1	1	٦	1	
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	3	2	3				2	2	1	_		21	_			2				1			
Cases F.	60		8				2	2				2				2							
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e	10tl	11th	12th	13th	14th	15th	16th	17th	18th	19th	20th	21st	22nd	23rd	24th	25th	26th	27th	28th	29th	30th	7th	
Date	Sept. 10th	•	•	:	:	•	:	2		:	:	:	:	:	2	2	:	:	:	:	**	Oct.	
	N.						1	1										1				0	

NOTIFIABLE DISEASES (OTHER THAN TUBER-CULOSIS) DURING THE YEAR 1936.

Disease.	Total Cases Notified.	Total Cases Admitted to Hospital.	Total Deaths.
Smallpox Scarlet Fever	78	54	_
Diphtheria Enteric Fever (including Paraty-	38	37	$\frac{1}{2}$
phoid)	289	233	31
Puerperal Fever	2	1*	1
Puerperal Pyrexia	4	3*	1
Pneumonia	36	5*	9
Erysipelas	22	6 (1*)	<u> </u>
Ophthalmia Neonatorum	4	1*	_
Encephalitis			
Lethargica	2	1*	2
Polio-myelitis	1	1	
Dysentery	_		
†Chicken-pox	84	_	_
Cerebo-Spinal Meningitis		1	1

*General Hospital.

In addition to the 284 cases associated with the epidemic there were five other notifications of Enteric. Two were reported in January, both being Typhoid. One of these was a nurse who had been in attendance on the second case, a man who was by occupation a hawker, living on the outskirts of Bournemouth and Poole. The habits of this family were nomadic and probably insanitary so that when the summer outbreak occurred the man was considered as a possible cause but no connection could be traced. In July there were two notifications of Para-typhoid B. The patients had recently come from abroad and were not well when they landed. The fifth case was also one of Para-typhoid B notified in October. The source of infection was not traced.

IMMUNISATION AGAINST DIPHTHERIA.

Dr. Pedley continues to devote two sessions weekly to this work. He also undertakes the immunisation of the inmates at the Victoria Home for Crippled Children.

[†] Note.—Chicken-pox ceased to be notifiable on 1st February, 1936.

The number of children dealt with was as follows:

Prelii	ninary	Completely		Part	ially	Fina	.1
Schie	k Test	Immunised		Immu	nised	Schick '	Test
Negative	Positive		1	Injec-	2 Injec-	Negative	Positive
				tion	tions		
10	2	689		127	155	233	3

CANCER.

There is an unusual proportion of aged inhabitants in the County Borough, so that the deaths from Cancer normally exceed those recorded in towns of approximately the same size as Bournemouth.

For chronic and incurable cases among the poor, beds are available in the wards of the Fairmile Infirmary, which is under the control of the Public Assistance Committee. Otherwise no beds or facilities are provided by the Council. The Royal Victoria and West Hants Hospital in its two branches, at Ashley Road and Poole Road, provides ample accommodation in public and private wards. There is an adequate and efficient out-patient department.

The Hospital has a private supply of Radium for treatment purposes. This has been of great value to the Institution as there are administrative difficulties in connection with the treatment of Bournemouth patients at the Regional Radium Centre at Southampton.

The Hospital authorities have had consultations with representatives of the Radium Commission in order to ascertain if it is practicable to establish a Radium Centre in Bournemouth which will also be of service to other areas in Wessex.

Owing to the somewhat peculiar circumstances prevailing in Bournemouth it has not been found feasible to undertake local investigations, nor from the preventive aspect for lectures to be given, nor printed announcements published on a large scale.

CASES OF INFECTIOUS DISEASE WHICH OCCURRED DURING 1936.

These figures do not coincide with those of the Registrar-General, which relate to the 53 weeks ending 2nd January, 1937.

			NC	o. OF	CASE	ES NO	TIFI	ED		1
		ges			At A	res-)	ears			
NOTIFIABLE DISEASE		At all Ag and under cy years and under cy 25 years and under cy 45 years and under cy 65 years 65 and under cy 65 years								
Scarlet Fever Enteric Fever (including		38 22 78		6 10	23 1 43	6 2 13	3 5 9	9	5	
Ophthalmia Neonatorum Pneumonia Chielron Par	• • •	289 4 36 84	$\frac{4}{3}$	27 - 7 15	$\frac{97}{3}$	$\frac{65}{1}$	$\frac{63}{15}$	$\frac{27}{3}$	$\frac{10}{4}$	
Encephalitis Lethargica Puerperal Fever Puerperal Pyrexia		2 2 4 1			_ _ _ 1	<u></u>	1 1 3	_ 1 _	1 -	
Carobro Cainal Mantential		2 562	10	66	229	92	104	41	20	

Note.—Chicken Pox ceased to be notifiable on 1st February, 1936.

BLIND PERSONS.

The Bournemouth Blind Aid Society is responsible for the administration of the Council's scheme. The number of blind persons on the register was 169, 19 new cases having been added during the year.

BIRTH-RATES AND DEATH-RATES.

	Rate per 1,000 population		Annı	ual I	eath popu	Rat	e per	- 1,00	00	.!	Rate 1,000 birt	live
	Live births Still-births	All causes	Typhoid and Para-typhoid	Small Pox	Measles	Scarlet Fever	Whooping Cough	Diphtheria	Influenza	Violence	Diarrhoea and Enteritis (under 2 years)	Total deaths under 1 year
England and Wales Bournemouth		12.1 9.8	.01 .24	.00	.07 .06	.01	.05 .02	.07 .01	.14 .10	.52 .42	5.9 1.43	59 39

VACCINATION.

	an.	Feb.	March.	April.	May.	June.	July.	Aug.	Sept.	Oct.	Nov.	Dec.	Total.
	j	F	M	4				7			4		T
No. of cases in Birth lists received	129	115	122	119	141	168	142	117	157	105	131	133	1579
No. of Certificates of Vaccination													
received	28	31	42	24	29	39	41	3 0	28	54	48	40	434
No. of Certificates of Vaccination													
received of children born in other districts	1	2	3	1	4	3	4		2		3	_	30
No. of Certificates of postponement—	1	4	J	1	4	3	-12		Z	4	0	3	30
Health of child	4	3	5	7	2	4	3	5	1	5	5	4	48
Condition of house		_	_		1	_				_	_		_
Prevalence of Infectious					1	,							
Disease	Y-	_	—	_			_				_		_
No. of Certificates under Section 1 of	0												
the Vaccination Act, 1907	85	77	78	74	90	76	84	90	93	79	60	74	960
No. of Certificates of Insusceptibility													
or of having had Small-pox	11	-			10	10	10		40	-	_	_	1
Parents removed out of district	11	28	6	18 2	10	12 2	19 2	11	42	29	2 2	8	196
Otherwise not found No. of entries in lists sent to Public		1	3	2				3		3	2		20
Vaccinator	25	7	15	8	17	15	24	20	28	28	26	12	225
,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,	20		10			10		20	20	20	20	12	220

TUBERCULOSIS.

Public Health (Tuberculosis) Regulations, 1930.

Summary of notifications during the period from 1st January, 1936, to 31st December, 1936, in the County Borough of Bournemouth.

					FC	R	\mathbf{M}^{A}	ΛL	N	OTIFIC	CATIO	NS
Age Periods			Prin	ıar	y n	oti	fic	ati	ons			[
	0 to	tot	5 10 to to	to	to	to	to	to	to	65 & up- wards	Total (all ages)	Total notifications
Respiratory Males Females Non-Respiratory Males Females		2	1 2 2 2 3	2 3 1	3 7 2	17 13			10 7	4 5 —	64 50 10	65 53 10

Particulars of new cases of Tuberculosis and of deaths from the disease of Bournemouth residents during 1936:—

		New	Cases			De	aths.	
	Respi	ratory		on- iratory	Respi	ratory	Non- Respir	
	M.	F.	М.	F.	M.	F.	М.	F.
Under 1 year	_	_	_	-	_	_	_	_
1—5 years	2	_	_	3	1	_	_	1
5—15 ,,	3	2	5	2		_	2	-
15—25	6	15	3	4	2	5		_
25—35 ,,	21	16	2	2	6	9	1	
35-45 ,,	16	10	1	3	5	7	_	
45—55	14	6	_	_	11	6	1	
55—65 ,,	15	9	-	_	5	2	_	I
65 and upwards	5	5	_	2	3	5	1	2
Totals	82	63	11	16	33	34	5	4

Sixty-seven deaths from Tuberculosis of the Lungs give a death rate of .56 per thousand. In the previous year the deaths amounted to 62 and the death-rate was .52.

The previous table includes seven non-notifiable deaths. In three cases the death was certified after post-mortem examination.

The non-notified deaths accordingly numbered 4 or 5.26 per cent of the total of 76 deaths from Tuberculosis.

The first intimation received concerning these cases was from the death returns, and the attention of the private practitioner concerned was called to his omission in each case.

Location of Non-Respiratory Tuberculosis in the patients of all ages who were notified:—

Locati	ON.		Male.	Female.	Total.
Disease of Bones and Jo	oints	 	5	4	9
Disease of Genito-Urina		 •••	1	1	2
Abdominal Disease	•••	 •••	1	1	2
Disease of Glands		 •••	1	5	6
Disease of other parts		 •••	2	1	3
Tot	als	 	10	12	22

TUBERCULOSIS DISPENSARY.

The Dispensary was open on 101 occasions, Monday afternoon being available for women and children, Wednesday afternoon for men. Four hundred patients and contacts recorded 969 attendances as follows, an average of 9.5 per session:—

Adults, male	•••		457
Adults, female	•••		430
Children, male		• • •	49
Children, female		• • •	33
			969

In 1935, 384 persons recorded 927 attendances.

SANATORIA AND OTHER INSTITUTIONS.

In previous reports reference has been made to a decision of the Council to establish a Sanatorium Hospital.

Much delay has been due to the fact that difficulties have been encountered in acquiring a suitable site. Towards the end of the year it was ascertained that Linford Sanatorium near Ringwood, a privately-owned Institution, was for sale.

Negotiations were commenced and concluded with the sanction of the Ministry which has recently given its approval to the purchase of the property. The site is a large one and the surroundings ideal.

At the time of writing this report patients have already been admitted to the existing buildings and plans for a modern Sanatorium are being prepared.

Public Health (Prevention of Tuberculosis) Regulations, 1925, and the Public Health Act, 1925, Section 62.

No action has been necessary under the above.

Patients who Received Treatment during 1936.

Adults.		imber of
	Number of Patients.	
Cornelia Hospital, Poole	3	
Firs Home, Bournemouth	24	4716
Holy Cross Sanatorium, Haslemere	1	173
King George's Sanatorium, Bramshott	1	366
Papworth Hall, Cambridge	3	545
Preston Hall, Aylesford	7	1362
"Rizwan," Broadstone	33	5665
Royal National Hospital, Ventnor	7	754
Royal National Sanatorium, Bourne-		
mouth	7 5	7225
Royal Sea-Bathing Hospital, Margate	5	464
Royal Victoria & West Hants Hospital,		
Bournemouth	9	455
"Thaxted," Parkstone	9	1008
CHILDREN.		
Children's Sanatorium, Harpenden	1	134
County Sanatorium, Havenstreet, Isle	_	
of Wight	1	211
Lord Mayor Treloar Cripples' Hospital,		
Alton	4	813
Royal Sea-Bathing Hospital, Margate	1	276
Royal Victoria & West Hants Hospital,		
Bournemouth	4	75
Victoria Cripples' Home, Bournemouth	1	46
11		

MIDWIFERY AND MATERNITY SERVICES.

Forty midwives notified their intention to practise, none of these being employed or subsidised by the Corporation.

One hundred and seventy-two records were received concerning the medical help called in by midwives. They have been classified as follows:—

· PREGNANCY.			CONDITION OF INFANT.
Misearriage Haemorrhage Albuminuria Other reasons		3 4 5 3	Premature Birth 5 Condition of Baby 10 Discharge from Eyes 9 Malformation 9 Stillbirth 2
LABOUR.			
Breech Cases Abnormal Presentation Delay in Labour Rupture of Perineum Retention of Placenta Haemorrhage Other reasons (Mother) Uterine Inertia		54	OTHER NOTIFICATIONS RECEIVED FROM MIDWIVES. Substitution of artificial for breast feeding 25 Still birth 5 Possible source of infection 3 Death of child 5
Lying-in Period (Mor	HER).		Death of child 5
Rise of Temperature Other reasons	•••	$\frac{2}{7}$	38

Births.

One thousand five hundred and seventy-seven were registered, 233 of these being transferred by the Registrar-General to other districts. Forty-nine which occurred elsewhere were considered to belong to Bournemouth, the net births being 1393, giving a birth-rate of 11.66.

The birth-rate in Bournemouth for the past ten years has been as follows (calculated on the Registrar-General's estimate of the population):—

1927	1928	1929	1930	1931	1932	1933	1934	1935	1936
11.6	11.4	10.5	9.74	11.11	11.2	11.14	10.67	11.05	11.6

MATERNAL MORTALITY.

There were nine deaths associated with pregnancy or childbirth. Two of these were transferred by the

Registrar-General to other areas. Of the seven remaining, two were due to sepsis.

The maternal mortality rate is therefore 4.85 per 1000 births (live and still) as compared with 2.93 in the previous year.

The cause of death in each case was as follows:—

		(a) Eclampsia (post partum).
(2)	Age 39.	(a) Advanced pulmonary tuberculosis.
·		(b) Partum.
(3)	Age 29.	(a) Post partum eclampsia.
(4)	Age 34.	(a) Post partum eclampsia.(a) Eclampsia.
		Pregnancy.
(5)	Age 28.	(a) Shock.
		(b) Manual removal of placenta.
		(c) Anaemia due to post partum haemorrhage.
(6)	Age 30.	(a) Puerperal pyaemia.
(7)	Age 30.	(a) Cerebral embolism.
()		(b) Malignant endocarditis

As in recent years the circumstances of these deaths were investigated and reports sent to the Ministry of Health.

MATERNITY AND NURSING HOMES.

(c) Septicaemia, miscarriage.

The following figures relate to 1936:— Number of applications for registration... 12 (1)(2)Number of Homes registered 12 Number of orders made refusing or can-(3)celling registration Nil Number of appeals made against such (4)Nil Number of cases in which such orders have (5)(a) Confirmed on appeal, and Nil (b) Disallowed ... Nil Number of applications for exemption from (6)registration 5 Number of cases in which exemption has (7)

5

Nil

Nil

64

been:—

(c)

(a) Granted

(b) Withdrawn

Refused ...

Total number of Homes registered

The results of inspection have generally been satisfactory, minor defects only having been encountered.

ANTE-NATAL AND POST-NATAL CLINICS.

One session is held each week at "Avebury." There were 50 sessions during the year, 381 patients recording 505 attendances at the combined clinics.

CONTRACEPTIVE CLINIC.

In November, 1935, arrangements were made to give contraceptive advice in cases where further pregnancies would be detrimental to health. Special sessions are held at the Central Clinic and are conducted by Dr. Grace Wood, who supplies the following information:—

- 41 mothers attended during 1936; of these
- 13 have for various reasons discontinued attending,
- 2 of them being considered quite healthy and unsuitable for advice. Of the remainder, the following details may be of interest:—

	AGES	\mathbf{OF}	PATIE	CNTS.	
20-25					5
25-30					10
30-35					7
35-40					4
40-50					2

THE REASONS FOR GIVING ADVICE.

Chronic nephritis			• • •					5
Exophthalmic goitre		•••	•••	•••	•••			1
Fatty degeneration of	heart	•••	•••	• • •	•••			1
Profound anaemia	•••		•••	• • •	• • •			1
Damage to organs (e.g.,			thrombo	phlebiti	s, severe	vari	cose	
veins, etc., from c	hildbe	earing)	•••	•••				8
Debility from too free			ng (e.g.,	seven	children	in	81	
years, 11 children	in 14	years)	•••	• • •	•••			12

The advice given varies according to circumstances. Sometimes it is of a temporary nature only, designed to give the mother a rest of a year or so between births. In other cases, *e.g.*, chronic Nephritis, where a complete cessation of child-bearing is desirable, a more rigorous technique is taught. Some mothers, unfortunately, cannot acquire the simple technique but those who successfully apply it express gratitude for renewed health.

INSTITUTIONAL PROVISION FOR MOTHERS AND CHILDREN.

The Council does not provide maternity beds, but has an agreement with the Royal Victoria and West Hants Hospital. This Institution has recently provided improved and new accommodation in its Boscombe branch which admits all municipal cases including those sent from the Public Assistance Institution at Fairmile.

Ailing infants are also sent to Boscombe Hospital, four having been admitted during the year. Two others were sent to the Victoria Cripples' Home and to the War Memorial Children's Hospital, Swanage.

INFANTILE MORTALITY.

Fifty-five deaths of children under one year have occurred. This provides an infant mortality rate of 39.4, yet again the lowest ever recorded in Bournemouth.

In the following table is given the rate of Infantile Mortality for the past ten years:—

1930 1936 1927 1928 1929 1931 1932 1933 1934 1935 52.0 55.0 46.5 46.2 62.6 54.7 53.7 53.0 39.7 39.4

PROVISION OF MILK TO MOTHERS AND CHILDREN.

There is a steady increase in the amount of milk supplied to mothers and infants. The cost was £1,476 as compared with £1,116 in 1935 and £859 in 1934. The total number of families was 631, the daily average being 265. These figures apply to ordinary milk only.

In addition, 6080 lbs. of dried milk were given at a cost of £450 approximately, and 1210 lbs. were sold at cost price.

INFANT DEATHS.

r =											
	Cause of Death.	Under 1 wk.	1-2 weeks.	2-3 weeks.	3-4 weeks.	Total under 4 weeks.	4 weeks and under 3 mths	3-6 months	6-9 months.	9-12 months	Total Deaths under 1 year
	Small-pox Chicken-pox Measles Scarlet Fever Whooping Cough Diphtheria and Croup Erysipelas Tuberculous Meningitis Abdominal Tuberculosis Other Tuberculous Diseases Meningitis (not Tuberculous) Convulsions Laryngitis Bronchitis Pneumonia (all forms) Diarrhoea Enteritis Gastritis Syphilis Rickets Suffocation, overlying Injury at birth Atelectasis Cougenital Malformations Premature Birth Atrophy, Debility and Marasmus Other Causes					- - - - - - - - - - - - - - - - - - -				- - - - - - - - - - - - - - - - - - -	- - - 1 - - - - - - - - - - - - - - - -
-	Totals	25	3	1	2	31	10	7	6	1	55
	Net Births Legitimate in the year Illegitimate	129)4)9			Dea he y			gitim: gitim		$\begin{bmatrix} 52 \\ 3 \end{bmatrix}$

INFANT LIFE PROTECTION.

Number of Registered Foster-mothers at	
January 1st, 1936	109
Number of Registered Foster-mothers at	
December 31st, 1936	95
Number of Foster-children with the above	
at January 1st, 1936	173
Number of Foster-children with the above	
at December 31st, 1936	166
Number of Foster-children who have died	
during the year	Nil

The children are kept under observation not only in their homes but also at the Welfare Centres and in school.

On the whole the results are satisfactory, minor offences only having been detected.

INFANT CARE TABLE I.

Births registered (inc	luding 49 t	ransfer	red to	
Bournemouth fr			*	
excluding 233		away	from	
Bournemouth)	•••	• • •	• • •	1393
Births notified'	•••	•••		1535
There were also				
14 were notified by	doctors, an	d 36 b	y midwiy	res.

INFANT CARE TABLE II.

Visits by the Health Visitors:—	
Mothers and Infants:	
First visits	. 1194
Re-visits	. 4793
Re-visits to children over one	9
year of age	. 8560
Expectant Mothers:	
First visits	. 374
Re-visits	. 126
	15047

INFANT CARE TABLE III.

Work of the Eleven Centres, Year 1936.

No.of Clinic Sessions beld		Babies	Other Children	Number of Health Talks given.	Consulta- tions by Doctors	Attendance Mothers	[Other Children
529	28722	16594	17338	231	444	2070	4204	3477

INFANT CARE TABLE IV.

Comparison of Total Attendances.

YEAR.		Tomer			
Mothers.		Babies.	Other Children.	TOTAL.	
1917	3516	1757	2357	7630	
1918	3942	1882	2855	8679	
1919	4990	2352	3049	10391	
1920	7680	4630	3841	16151	
1921	9114	5607	4428	19149	
1922	8818	4913	4807	18538	
1923	9680	5020	6226	20926	
1924	12210	5935	7924	26069	
1925	12265	6061	7146	25472	
1926	13717	6680	8335	28732	
1927	14892	7650	8952	31494	
1928	15962	8213	8955	33130	
1929	17817	8897	10730	37444	
1930	20525	10323	11727	42575	
1931	22567	12326	12580	47473	
1932	23926	13089	13251	50266	
1933	22692	13295	12570	48557	
1934	23888	14554	13691	52133	
1935	28008	16193	14964	59165	
1936	28722	16594	17338	62654	

OPHTHALMIA NEONATORUM.

Cases.			Vision			
	Treated		Unim-	Vision Impaired	Total Blindness	Deaths
Notified	At Home	In Hosp.	paned.	Impaired	muness	
4	3	1	4	Nil	Nil	Nil

TREATMENT AND PREVENTION OF VENEREAL DISEASES.

The following tables give statistics concerning the Municipal Clinic held at Boscombe Hospital, and the provision of bacteriological facilities for the diagnosis of Venereal Diseases in the County Borough of Bournemouth for the year ended 31st December, 1936.

Number of persons dealt with at, or in connection with, the Out-patient Clinic for the first time and found to be:—

Suffering from Suffering from Not suffering f	Gonorrhoea	66	Females. 21 29	Total. 54 95
Diseases	···	~ 1	42	93
Soft Sore	•••	—	_	
				242
NT 1 C	1. 1	1	C (1	0.4
Number of	10:01:10:11:0 / / / / / / / / / / / / / / / / / / /	11 CO C	TTOM Tho	
patient Clinic after			nom the	Out-
patient Clinic after	er completion	of:—	11	19
	er completion Syphilis	of:— 8		
patient Clinic after Treatment for	er completion Syphilis	of:— 8	11	19 54
patient Clinic after Treatment for	er completion Syphilis	of:— 8	11	19

Number of patients who ceased to attend the Out-patient Clinic without completing treatment, and who were suffering from:—

Syphilis Gonorrhoea	•••	•••	$\frac{16}{23}$	$\frac{14}{12}$	30 35
					

Total attendances (excluding irrigations) at Out-patient Clinic for all persons who were :—	the
Suffering from Syphilis 863 849	1712 1344
Suffering from Gonorrhoea 869 475 Not found to be suffering from	1344
Venereal Diseases 123 159	282
Soft Sore — —	
	3338
Aggregate number of "In-patient days" of t ment given to persons:—	reat-
Suffering from Syphilis 85 118	203
Suffering from Gonorrhoea 145 125 Not found to be suffering from	270
Venereal Diseases — 5	5
	478
Number of persons treated with Salvarsan substitute	75
in the Treatment Centre:— Approved 601	
Not Approved 359	0.00
	960
EXAMINATION OF PATHOLOGICAL MATERIAL.	
Number of specimens which were examined	:
For persons attending at the Treatment Centres	:
For detection of Spirochetes For detection of Gonococci	$\begin{array}{c} 2\\1048\end{array}$
From persons attended by private medical titioners:—	prac-
For detection of Spirochetes	1
For detection of Gonococci	9

Number of sp to an in Reaction	dependent	nich were laborate	sent for ory for	examin Wasseri	ation nann
From person From person					544
titioners	ons accent	ded by		prac-	700
Salvarsan appractition		ostitutes	supplied	to me	dical
Doses	• • •	• • •	• • •	• • •	132

Report of the Public Analyst

For the Year ended 31st December, 1936.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF BOURNEMOUTH.

MR. MAYOR, LADIES AND GENTLEMEN,

I have pleasure in submitting for your consideration my Report on the samples of Food and Drugs sent to me for analysis during the year ending 31st December, 1936.

The total number of samples submitted under the Sale of Food and Drugs (Adulteration) Act, 1928, was 537, of which 384 were official samples and 153 were unofficial samples taken informally by your Inspectors.

The number of adulterated samples was 18, or 3.1 per cent.

The poor or doubtful samples number 29, or 5.4 per cent.

TABLE I.

Summary of Report for 1936. Three hundred and eighty-four official samples:—

Nature of Samp	le.	Examined	Genuine	Poor or Doubtful	Coloured	Containing Preservative	Adulterated	Percentage of Samples Adulterated
Milk		178	152	15	_		11	6.18
Jam	•••	18	18	_		_	_	_
Malt Vinegar		18	17			_	1	5.5
Sausages	•••	15	15			_		_
Beer		13	13			_	_	_
Butter	•••	12	12					_
Cream	•••	12	12		_	_		
Lard		12	12	_	_		—	_
Margarine		12	10	2	_	—	_	_
Coffee	•••	8	8			_	_	_
Honey	• • •	8	8	_		—	_	—
Sponge Cakes	•••	8	8	_	_		—	—
Currants	•••	7	7	_	_	—	_	—
Bacon	•••	6	6	_		—		—
Dripping	•••	6	6	_		_		_
Flour, self-raising	•••	6	6	_	_	_	_	_
Raisins	•••	6	6	-	_		—	_
Sultanas	•••	6	6	_	_	_	_	—
Brawn	•••	5 5 5	6 5 5 5	_	_	—	_	_
Cocoa	• • •	5	5		—	_	_	_
Prunes, dried	• • •	5	5	_	_	_	_	_
Apricots, dried		4	4	_	_	_		_
Stout	•••	4	4	_	_	_	—	_
Tea	•••	4	4	_	_	_	_	_
Fruit Salad, dried	•••	3	3	-	_	_	_	_
Suet, shredded		2	2	_	_	<u> </u>		_
Ale	•••	1	1					
	Total	384	355	17			12	3.1

TABLE II.

Summary of Report for 1936. One hundred and sixty-five unofficial samples:—

Nature of Sample Milk		9 Examined	o Genuine	O Poor or Doubtful	Coloured	Containing Preservative	ω Adulterated	Percentage of Samples Adulterated
Mank andred	•••	10	10				<u> </u>	J.1
Sild, tinned	•••	6	3				3	50.0
Mincemeat	•••	6	6	_				
Peas, tinned		5	5					_
Baking Powder		4	4			_	_	_
Cheese, wrapped		4	4		_		_	
Cornflour		4	4			_		
Custard Powder		4	4	_	_		_	_
Friar's Balsam		4	4		—		_	
Ginger, ground		4	4		_			_
Lemon Curd		4	4	_	_	_	—	_
Pickles	•••	4	4	—			—	_
Rice, ground		4	4	_	_	_	_	
Suet, shredded	•••	4	2	2			_	
Tincture of Iodine	•••	4	4		—	—	_	
Proprietary Foods	•••	3	3	_	_	_		_
Boracic Ointment	•••	2	2	_	_		_	
Camphorated Oil	•••	$\begin{array}{c}2\\2\\2\\2\end{array}$	2		_	_	_	
Curry Powder	•••	2	2		_	_	_	
Malt Vinegar	•••	$\frac{2}{2}$	$\frac{2}{2}$	_		_		_
Milk, condensed	•••	$\frac{2}{2}$	$\frac{2}{2}$		_	_	_	
Sweet Spirit of Nitre	•••	$\overset{2}{2}$	$\frac{2}{2}$		_			
Zinc Ointment Almonds, ground	•••	1	1					
Cake, nut and honey	•••	1	i					
Milk, dried	•••	i	i			_		
Mineral Water	•••	î	î					
Mustard, compound		î	· î	_				
Orange, crush		1	1		_		_	
Stuffing, egg and thym		î	î	_	_	.—		
		153	135	12	<u>,</u> —		6	3.9

TABLE III.

Adulterated official samples:—

Nature of	f Sample			Nature of Adulteration.
No. 433	Milk		•••	2% Extraneous Water.
No. 456	**	•••	•••	4%, ,, ,,
No. 473	,,	•••	• • •	1.6% ,, ,,
No. 481	,,	•••	•••	2%,
No. 482	,,	•••	• • •	1.1%
No. 566	**	•••	•••	6% Fat Deficient.
No. 584	,,	•••	•••	5% Extranous Water.
No. 591	,,	• • •	•••	1.8% ,, ,,
No. 592	,,		•••	2% ,, ,,
No. 657	,,	•••	•••	4%, ,, ,,
No. 695	,.		•••	20% Fat Deficient.
No. 417	Vinegar			14% Deficient in Acetic Acid.

TABLE IV.

Adulterated unofficial samples:—

Nati	ire o	f Samtl	le			Nature of	Adulteration.
No.	44	Milk				5% Fat De	ficient.
No.	61	,,,				2% Extrane	
No.	67	,,				10% Fat De:	ficient.
No.	1	Tinned	Sild			3.1 gms. tir	ı per lb.
No.	2		,,			3.5 ,,	,,
No.	85		,,	•••	•••	2.3 ,,	,,

MILK.

Excluding the 26 adulterated and poor samples the remaining official samples have yielded the following average proportions of fat and non-fatty solids:—

	No. of		Non-fatty
	Samples	Fat	so li ds
1st quarter	44	3.64 per cent.	8.80 per cent.
2nd ,,	45	3.63 ,,	8.77 ,,
3rd ,,	29	3.86 ,,	8.79 ,,
4th ,,	34	3.99 ,,	8.90 ,,
Whole 12 mon	ths 152	3.78 ,,	8.81 ,,

The average proportion of both fat and non-fatty solids were slightly below that given for 1934 and 1935.

REMARKS.

There has been a slight increase in the percentage of adulterated samples this year when compared with the figures given in my last annual report. This also applies to the percentage of poor, or doubtful samples.

The majority of these adulterated and poor samples were milks, and full details of the adulteration have already been given in the report.

The addition of preservatives to certain foods is permitted under the Public Health (Preservatives, etc., in Food) Regulations. One hundred and forty-three official and 39 unofficial samples, other than milk and cream, were examined under these regulations. In the cases where preservatives were detected they were present in quantities less than the permitted amount. In all other cases preservatives were absent.

Six unofficial samples of Tinned Sild were examined and in three cases tin was found to be present.

Two samples, ground almonds, and nut and honey cake, were submitted for special examination. In both cases the samples were found to be genuine and deleterious ingredients were found to be absent.

I am,

Mr. Mayor, Ladies and Gentlemen,
Your obedient Servant,
R. PENDRILL CHARLES,
M.D., F.I.C.

REPORT ON THE BACTERIOLOGICAL AND BIOLOGICAL EXAMINATION OF SAMPLES OF MILK SUBMITTED TO THE PUBLIC ANALYST

During the year ending 31st December, 1936.

TO THE MAYOR, ALDERMEN AND COUNCILLORS OF THE COUNTY BOROUGH OF BOURNEMOUTH.

MR. MAYOR, LADIES AND GENTLEMEN,

The following samples have been examined under the Milk (Special Designations) Orders, 1923 and 1936.

Certified milk		• • •	• • •	3
Tuberculin tested	milk	•••	• • •	9
Grade A milk				10
Accredited milk		•••	• • •	8
Pasteurised milk		•••	• • •	11

The Milk (Special Designations) Order, 1936, which came into operation on the 1st June, 1936, provided a new grade of milk, "Tuberculin Tested" in the place of the grade "Certified" and "Grade A (T.T.)" and also a new grade Accredited milk in the place of "Grade A" milk.

All the certified and tuberculin tested milks were submitted on behalf of the Ministry of Health and were found to be satisfactory. The average number of organisms were as follows:—

			Pe	r millilitre
Certified milk			• • •	3,710
Tuberculin tested	milk	• • •	• • •	13,265
This is very satisf	actory.			ŕ
~	2			

Of the Grade A milks, one contained 925,000 organisms per millilitre and failed to comply with the requirements of the Order.

Of the Accredited milks, three contained B. Coli and failed to comply with the Order.

The average number of organisms in the satisfactory milks of these grades were as follows:—

		Pe	r millilitre
Grade A milk	 	• • •	8,693
Accredited	 		3,710

All the 11 Pasteurised milks which were examined for bacterial content complied with the requirements, the average number of organisms being 18,341.

Ten samples of milk were examined for tubercle bacilli by means of animal inoculation. In every case T.B. were found to be absent.

Sixty-eight samples of Pasteurised milk were examined under the Milk and Dairies (Amendment) Act, 1932, and the Milk (Special Designations) Order, 1936, in order to ascertain whether the pasteurisation had been properly carried out.

Of the 68 samples, 20 were found to be either improperly pasteurised, or to contain a proportion of raw milk. The remainder were satisfactory.

I am, Mr. Mayor, Ladies and Gentlemen, Your obedient Servant,

R. PENDRILL CHARLES,

M.D., F.I.C.

Meteorology.

RAINFALL, SUNSHINE, AND MEAN TEMPERATURES.

The first line gives the averages for 40 years, January, 1892, to December, 1931

BOURNEMOUTH RAINFALL.

Dec. 4.08 3.04	66.2	43.0	39.9 41.9
Nov. 3.45 3.30	90.1 52.6	43.7	43.5 43.2
Oct. 3.91 1.31	138.3 105.8	52.0 49.8	50.0 49.4
Sept. 2.30 3.38 ins.	192.6 108.8 .9 hours.	58.0 59.7	57.2 59.9
Aug. 2.70 0.19 out 30.33	s). 204.8 224.2 out 1,529	62.2	61.7
July 2.26 3.75 works	170.9 works	ERATURE, 61.7 60.3	62.7 62.2
May June 1.70 1.27 0.70 1.43 t 32.19 ins.; 1936	Hours ar 237.0 204.4 rs; 1936	BOURNEMOUTH MEAN TEMPERATURE 47.8 52.1 58.0 61.7 44.8 55.0 54.5 60.3	3REHNWICH MEAN TEMPERATURE 47.3 56.1 59.4 62.7 44.9 54.8 62.0 62.2
May 1.70 0.70 32.19 ins	NSHINE (236.5 237.0 110.4 hou	52.1 55.0	існ МЕА 56.1 54.8
.00 .97 .8 out	outh Su 160.5 155.7 k out 1,8	BOURNEM 47.8 44.8	GREENW 47.3 44.9
Mar. Ap 2.85 2 2.80 1 2.80 1 40 years worl	BOURNEMOUTH SUNSHINE (Hours and Tenths). 126.0 160.5 236.5 237.0 229.8 204.8 84.6 155.7 237.0 204.4 170.9 224.2 years work out 1,810.4 hours; 1936 works out 1,529.9	H 45.0 45.2	41.9
Feb. 2.57 2.95 The 40	85.3 85.5 The 40 y	41.4 39.3	39.5 37.2
Jan. 3.06 5.48	63.8	41.2	38.6 40. 6
::	::	::	: :
: :	::	::	::
40 years	40 years 1936	40 years	50 years 1936

It will be observed in the 40 years' averages, December is generally the wettest month. This year it was January, with 5.48 ins. In August this year only 0.19 was recorded, and in May 0.70 in.





County Borough of Bournemouth.

EDUCATION COMMITTEE

ANNUAL REPORT

OF THE

School Medical Officer

Year 1936.



To the Chairman and Members of the Education Committee.

I have the honour to report on the work of the School Medical Service in 1936.

There has been little change in the methods of conducting School Medical Inspection but there has been some modification of the routine. It may be remarked that fewer children have been dealt with than in the preceding year. This is attributable to two factors. In 1935 with an addition to the staff of a Medical Officer, it was possible to effect some tidying up and to carry out extra examinations. In 1936 there was in certain directions a slowing down of activities owing to the outbreak of Typhoid Fever in the latter weeks of August. This caused every member of the Medical and Nursing Staff to concentrate on the problem of Infection and methods of Prevention. In this connection, there are several points which should receive attention and cause satisfaction. It is possible to affirm that no child was infected in school and that a comparatively small number of the scholars suffered from the disease.

Moreover, there was little interference with the Educational programme as the schools re-opened at the beginning of the Autumn term on the date already fixed.

The general results of the year's work indicate progress and there is no matter of major importance to which attention should be directed. The opening of new schools is very helpful for it is difficult to raise the ideals of children who are placed in a depressing and unhygienic environment. The provision of special schools and new clinics is under consideration as the existing arrangements are inadequate and in some respects unsatisfactory.

More detailed information is given under the various headings.

I have the honour to be,

Your obedient Servant.

H. GORDON SMITH.

March 1937.

SCHOOL MEDICAL SERVICE STAFF on 31st December, 1936.

School Medical Officer:

H. GORDON SMITH, M.D. (State Medicine), B.S., M.R.C.S., L.R.C.P., D.P.H.

Deputy School Medical Officer:

CHARLES F. PEDLEY, B.A., M.R.C.S., L.R.C.P., D.P.H.

Assistant School Medical Officers:

GRACE H. WOOD, M.B., Ch.B., B.Sc., D.P.H.

KENNETH J. GRANT, M.A., M.B., Ch.B., D.P.H.

Ear, Nose and Throat Surgeon:

A. R. N. MACGILLYCUDDY, M.R.C.S., L.R.C.P.

Anaesthetist to the above:

E. W. D. HARDY, M.R.C.S., L.R.C.P.

Dental Surgeon:

E. Samson, L.D.S., R.C.S., F.C.S.

Radiologist:

D. D. MALPAS, M.R.C.S., L.R.C.P.

School Nurses:

M. I. J. Abraham	S. Dakin
A. M. Blakemore	S. Gibbs
P. M. CAREY	M. HARWIN
M. G. CORNISH	F. D. McDonald
A. M. CRISP	F. E. A. RICHARDSON

With the exception of Miss Blakemore all of the above are part-time officers of the School Medical Service.

Clerks:

W. J. Manning, J. W. Peake, P. D. E. Dominey

COUNTY BOROUGH OF BOURNEMOUTH.

Area of Bournemouth (in acres)		11,627
Population (estimate)		129,200
Number of Elementary Schools		24
Number of Departments		42
Average attendance at Elementary Sc	hools	8,904
Average number on the School Regist	ers	9.987

HYGIENE OF THE SCHOOLS.

Some of the old schools are badly planned, often dark and depressing, with the minimum requirements. These are being slowly superseded. So far as practicable they are kept in good condition.

Consideration has been given by the appropriate Committee to two matters of some importance:

(a) The cleansing of floors in the schools.

It has been customary to wash these by hand. When carried out at long intervals as is usually the case, the procedure is laborious and of doubtful value. It has been decided once more to test certain of the chemical powders which can be used when sweeping the floors.

The method takes less time than washing and can therefore be employed more frequently. In general the results seem to be more satisfactory.

(b) Facilities for washing in the schools.

These are rarely, if ever, adequate. It is too much to expect of a normal child who is going to play games in school hours that he will keep clean. It is also absurd to hope that the few towels generally provided will be kept in a sanitary state if the children use them on all the occasions that they should. Indeed, with no hot water, and soap locked up, it is probable that the school towel becomes a serious menace.

The prevalence of Impetigo, Scabies and other skin diseases has directed attention to these matters. In consequence, as an experiment, paper towels are to be provided in some of the schools.

It is to be hoped that there will not be a reversion to the primitive roller-towel.

The following repairs and decorations have been carried out:—

Alma Road Council School.

Electric light installed in boys' and girls' departments. Winton and Moordown Council School.

Electric light installed in boys' and girls' departments. East Howe Council School.

Electric light installed. Playground made up, drained and tar-paved.

Malmesbury Park Council School.

Repainting of external wood and iron work, including fences.

Pokesdown Council School.

New floors to two classrooms.

Stourfield Council School.

Redecoration of two teachers' rooms in infants' department.

St. Clement's School.

Internal redecoration of two classrooms in mixed department.

St. Michael's School.

Repairs to slow combustion stoves.

Pokesdown C. of E. School.

New roof to mixed department.

Boscombe Holy Cross School.

Cycle shed in playground.

Talbot Village C. of E. School.

Repainting of external wood and iron work.

MEDICAL INSPECTION.

Routine inspection has been undertaken in respect of the usual three groups, viz:—

Entrants Intermediates (8 years old) Leavers (12 years old).

The examination takes place at the school, the parents receiving invitations to be present.

The attendance of parents is shewn herewith:-

		No.	
	No.	of parents	Percentage
Group	examined	present	of parents
Entrants	 931	524	56
Intermediates	 1314	708	54
Leavers	 981	175	18

In addition to the routine inspections special examinations are arranged, sometimes at the time of a routine visit, more usually at a Minor Ailment Clinic; occasionally at the Town Hall. The examination may be made at the request of a parent, teacher, School Attendance Committee, etc., and is frequently of great value.

The Minor Ailment Clinics, five in number, are freely used and serve as a clearing house.

FINDINGS OF MEDICAL INSPECTION.

It will be noted that 3,226 children were submitted to routine examination and that many of these had one or more defects, producing a total of 1,302. Of the latter number 200 were in need of treatment and the remaining 1,102 required to be kept under observation.

Some comment is needed in respect of certain defects found at routine and special inspections.

Diseases of the Skin.

In comparison with 1935 there has been some reduction in the number of these. Impetigo is the prevalent condition but Scabies is also in evidence. Both diseases account for a considerable amount of non-attendance as exclusion from school is frequently indicated. Elsewhere reference is made to the association of contagious diseases such as Impetigo with faulty hygiene.

Nose and Throat Defects.

The number is large, but a reduction is anticipated, as it has been possible during the year to overcome the long list of children awaiting operation.

Malnutrition.

When assessing the nutrition of a child it is necessary to place it in one of four groups, viz., excellent, normal, slightly sub-normal and bad. Obviously in making this classification, much depends on the opinion of the Medical Officer who carries out the examination. It is particularly in respect of the first two groups that inconsistent results are noticeable because it is difficult, if not impossible, to decide what is "normal nutrition."

For these reasons Medical Officers of areas less favourably situated than Bournemouth sometimes record more gratifying figures. Nevertheless the results in Bournemouth can be regarded as good.

It will be seen that among all the children of the routine groups 0.65 per cent. were badly nourished and 10.66 per cent. slightly sub-normal. It cannot be said, therefore, that malnutrition is present to any extent in the elementary school population and when found is not necessarily associated with lack of food. The possibility of a faulty diet is however deserving of consideration and it is of some interest that Rickets appears to be on the increase.

A TABLE SHOWING THE NUMBER AND NATURE OF THE DEFECTS FOUND DURING EXAMINATION OF THE THREE ROUTINE GROUPS (Excluding Uncleanliness and Dental Defects).

	Entr	ants	Interm	ediates	Leav	ers
Defects.	Need Treat-ment.	ding Observa- tion.	Need Treat- ment.	ling Observa- tion.	Need Treat- ment.	ling Observa- tion.
Skin. Ringworm—Scalp "Body Scabies Impetigo Oth r diseases Non- Tubercular		6			-	1 1 1 10
Eye. Blepharitis Conjunctivitis Keratitis Corneal Opacities Defective Vision Squint Other Conditions	- - - 8 - 1	1 — — 17 3 1	- - 33 4 -	2 — — 124 9 2	60	6 — — 73 —
Ear. Defective Hearing Otitis Media Other Ear Diseases		1 1	=	3 4 1		1 2 1
Nose and Throat. Enlarged Tonsils only Adenoids only Enlarged Tonsils and Adenoids Other Conditions Enlarged Cervical Glands Non- Tubercular Defective Speech	5 —	32 4 32 2 28 11	31 — 11 —	134 12 14 1 37 9	1 2 19 —	4 1 6 -
Heart and Circulation. Heart Disease— Organic Heart Disease— Functional Anaemia	_	5 10 14		6 9 7	_	11 20 10
Lungs. Bronchitis Other Non- Tubercular Disease		31	1	14	_	4 2
	1	l.	N.		11	L

	Ent	rants	Intern	aediates	Leav	vers
D (4	Treat-	eding Observa-	Treat-	eding Observa-	Need Treat-	Observa-
Defects.	ment.	tion.	ment.	tion.	ment.	tion.
Tuberculosis. Pulmonary—						
Definite	_	_	_		_	
Pulmonary—						•
Suspected Non-Pulmonary—	_	_	_	_	_	1
Glands	_			_		_
Spine	_	_	_	_		
Hips Other Bones and	_			_		
Joints	_					
Skin	_			_		<u> </u>
Other Forms		_	_	- I		********
Nervous System.						4
Epilepsy Chorea		1	_		_	1
Other Conditions	_	Ĝ		4	_	2
Deformities.						
Rickets	_	10	_	48	_	17
Spinal Curvature Other Forms		$\begin{array}{c c} 6 \\ 20 \end{array}$		15 51	_	7 67
Other Defects and	_	20	_	31	-	67
Diseases	1	18	5	40		21
Number of Defects	30	265	88	559	82	278
Number of Children	Examine	1 931	13	314	9	981

INFECTIOUS DISEASES.

The incidence of infectious diseases among elementary school children has not been excessive. There have been relatively few cases of Diphtheria or Scarlet Fever, but certain non-notifiable diseases, more particularly Measles and Whooping Cough, have been prevalent. The outbreak of Typhoid Fever which began in the third week of August affected seriously many of the private schools but did not influence to a marked extent those under the control of the Education Committee. The medium responsible was raw milk which apparently commenced to be infective in the last week of July. In Bournemouth it has been the invariable rule since the scheme for the provision of milk in schools has been in existence that all milk supplied shall have been pasteurised, so that even if the outbreak had originated during the school term the incidence of the disease among elementary school children would not have been greater.

It is therefore very gratifying to be able to record that no child was infected in school. It was decided that the schools should re-open after the summer vacation on the date already fixed, viz., 31st August.

Some of the parents who had been alarmed unduly were at first unwilling to send their children back to school but soon decided to do so. In order to minimise the risks of infection and to ensure that no case of Typhoid should escape detection, special precautions were adopted. Extra attention was given by the Sanitary Staff to the cleansing and disinfection of the conveniences in the schools and following up of absentees and suspects was actively carried out by the Nurses. The exclusion of contacts who had been in intimate contact with the patient was also enforced though this measure seemed to be of doubtful value. No attempt was made to introduce inoculation of the scholars but vaccine could be obtained in the Health Department free of charge by any medical practitioner who wished to use it. Great help was given throughout the outbreak by Teachers and Attendance Officers, who co-operated freely.

NOTIFICATIONS OF, AND DEATHS DUE TO, CERTAIN INFECTIOUS DISEASES.

Disease	Total cases notified	Total deaths	Cases who were elemen- tary school children	Deaths of elementary school children
Scarlet Fever Diphtheria Erysipelas Encephalitis Lethargica Poliomyelitis Cerebro-spinal	78 38 22 2 1	2 1 1	27 16 1 —	
Meningitis Typhoid	000	31	36	2

IMMUNISATION AGAINST DIPHTHERIA.

Dr. Pedley continues to carry out this work. Facilities are provided for elementary school children, those under school age and for inmates, including the staff, of the Victoria Home for Crippled Children.

The following information relates to school children only.

IMMUNISATION OF SCHOOL CHILDREN AGAINST DIPHTHERIA.

Primary S	chick Test.	Immunised.		Post Schick Test		
Number Negative.	Number Positive.	Completely.	Partially.	Number Negative	Number Positive.	
10	_	535	216	190		

BOARD OF EDUCATION GRANT REGULATIONS.

School Certificates given for epidemic illness:—

0 1			
Alma Road Infants—			
Week ending 7th February			Measles
,, ,, 14th ,,			,,
,, ,, 21st ,,			,,
Boscombe Council Infants—			
Week ending 14th February			Measles
Boscombe St. John's Girls' and Infa-	nts'—		
Week ending 14th February			Measles
East Howe Council Infants'—			
Week ending 31st January			Measles
,, ,, 7th February			,,
,, ,, 14th ,,		• • •	,,
Malmesbury Park Council Infants'—			
Week ending 31st January			Measles
,, ,, 14th February Pokesdown Church of England Infan		•••	,,
Pokesdown Church of England Infan	ts'—		
Week ending 28th February			Measles
,, ,, 6th March	• • •		,,
,, ,, 13th ,,			,,
St. Clement's Infants—			
Week ending 7th February			Mcasles
,, ,, 14th ,, ,, ,, 21st ,,	•••	• • •	,,
,, ,, 21st ,,	• • •		,,
,, ,, 6th March			,,
,, ,, 6th March ,, ,, 13th ,, ,, ,, 20th ,, ,, ,, 27th ,,			,,
,, ,, 20th ,,			,,
,, ,, 27th ,,	• • •	• • •	,,
,, ,, 8th April			,,
St. Andrew's Infants'—			
Week ending 14th February			Measles
,, ,, 21st ,,		• • •	,,
Southbourne St. Katharine's—			
Week ending 24th April			Measles
,, ,, lst May	•••		,,

PARENTS' PAYMENTS.

No charge is made to parents of children who attend the Minor Ailments Clinics, nor for a "refraction" undertaken for defective vision.

In respect of other forms of treatment a charge is made whenever the family circumstances permit.

Contributions received during the year were as follows:

(a) For Tonsils and Adenoids Operations ... $\begin{pmatrix} f & s. & d. \\ 42 & 18 & 6 \end{pmatrix}$

(b) For Dental Treatment ... 70 1 0

(c) In respect of defective children maintained at various residential institutions ... 108 6 2

Tonsils and Adenoids operations are carried out at the Boscombe Hospital, the fee paid by the Local Authority being usually £3 10s. 0d. per child.

ARRANGEMENTS FOR TREATMENT.

Most of the defects found are attended to at Clinics provided by or on behalf of the Education Authority. Some of the premises used are unsatisfactory either on account of position or inadequate accommodation. This criticism applies to the Minor Ailments Clinics for which entirely new premises are needed, though it must be admitted that a large amount of work is carried out with gratifying results. The Special Clinics are more favourably situated. At "Avebury" "refractions" are undertaken by Dr. Wood, who averaging one session per week is able to cope with the numbers presented for examination. A pleasing achievement has been a reduction in the number of children waiting for Tonsils and Adenoids operations. These have been dealt with until recently by means of a weekly session at Boscombe Hospital. The number of beds available proved to be inadequate so that a long waiting-list had resulted. The hospital authorities arranged for extra sessions and the waiting list is now of brief duration.

The Dental scheme has received very careful consideration as it is realised that the services of the Dentist have not been utilised as they should be. In Bournemouth the Education in Dental Hygiene of children and parents proceeds very slowly, at least so far as the Elementary Schools are concerned. The appointment of a whole-time School Dentist will possibly lead to an increase in the number of children treated as it is expected that the officer recently appointed will be able to devote more time to the educational aspect.

There are no other clinics provided by the Education Committee, but when special treatment is needed, it is usually possible to arrange for this to be given at Boscombe Hospital.

FOLLOWING UP.

There are nine Health Visitors who perform duties in connection with Maternity and Child Welfare, Infant Life Protection, Tuberculosis and the School Medical Service. There

is also another nurse who is chiefly occupied at the Central Clinic where she assists the Dentist. Together they are equivalent to $3\frac{3}{4}$ School Nurses.

Each of the Health Visitors has a district wherein she does all the visiting required in connection with the services referred to above. As a school nurse she assists at routine Medical and Dental Inspections, carries out cleanliness surveys in the schools and pays visits to the homes in order to follow up the defects that have been discovered. In addition she may give at a Minor Ailments Clinic the treatment ordered by one of the Medical Officers.

The following up of defects by a nurse is an arduous task and the staff on account of the large area of the County Borough is fully occupied. Much work may result from a cleanliness inspection in school as this usually necessitates visits to the homes of children found unclean. Chronic offenders are often requested to attend a Minor Ailments Clinic where they are examined by a Medical Officer. Legal proceedings have not been instituted in respect of any child, as exclusion from school generally brings about the cleaning up required. Nevertheless there are certain families which are a constant source of annoyance.

The nature and number of the visits recorded by the nurses is as follows:—

Nature of Visit		-	Number
Uncleanliness	•••		230
Ear, Nose and Throat			821
Eye Cases			321
Dental Cases			479
Control of Infection			569
Miscellaneous	•••		664
	Total	• • •	3084

THE PROVISION OF MEALS.

As in recent years extra nourishment has been provided when recommended by a Medical Officer.

Usually milk or halibut oil and malt is given; less frequently dinners are arranged.

Children who are helped in this way are re-examined from time to time and their general progress recorded. The nature and amount of food supplied was as follows:—

Halibut Oil and Malt.

Clinic				Children	lbs.
Winton				16	$21\frac{1}{2}$
Malmesbury	Park			30	37
Pokesdown				68	°106
Kinson	•••			62	$84\frac{1}{2}$
Charminster	•••	•••	• • •	92	171
		Total	•••	268	420
Milk.					
Number of	children				217
Number of		int)		•••	33,465
Dinners.					
Number of	children				20
Number of		•••	•••	•••	2,025

Until recently the schools have been supplied with considerable quantities of milk which the children have purchased, but since the outbreak of Typhoid Fever there has been a marked reduction of the amount consumed as will be seen in the accompanying table.

TABLE SHOWING THE AMOUNT OF MILK CONSUMED IN THE SCHOOLS.

Name of School			Chil	of dren Reg. 1st Oct., 1936	bottles	of Milk of Milk daily 1st Oct.,
Alma Road Council	в.		316	305	184	87
,, ,, ,,	Ğ.		305	296	107	54
,, ,, ,,	I.		238	235	105	90
Boscombe Council	В.		149	146	62	25
,, ,,	G.		149	159	73	28
,, ,,	I.	• • •	136	111	85	56
Boscombe Holy Cross R.C	м.	• • •	165	157	53	36
Boscombe St. John's C. of E.		• • •	189	180	137	60
01. " 1. 0" -"	В.	• • •	110	117	37	31
Charminster Council	S.M.	• • •	412	429	151	90
East Howe Council	J.M.	• • •	338	317	202 231	135 107
	S.M. J.M.	• • •	530 171	432 437	82	157
Hill View Road Council	J.M.	• • • •	518	453	283	170
Hill View Road Council Kinson Council	J.M.		234	251	90	120
Holdenhurst Council	M.		80	85	60	50
Malmesbury Park Council	M.		416	382	136	57
	I.		177	179	110	78
Moordown C. of E	G. & I.		331	334	136	92
Pokesdown Council	\mathbf{M} .		184	203	56	38
,, ,, ,,	I.		125	109	104	51
Pokesdown C. of E	\mathbf{M} .		188	184	46	22
,, ,, ,,	I.		129	100	84	43
St. Andrew's	G.		100	92	70	38
,,	I.	• • •	112	116	86	16
St. Clement's	M.		253	247	96	70
	I.	• • •	98	78	86	52
St. Luke's	В.	• • •	172	160	45	12
CA DESTRUCTE OF THE	I.	•••	117	81	70	43
St. Michael's C. of E	M.	•••	217	221	151 61	116 34
St. Paul's C. of E St. Walburga's R.C	M. M	• • •	233 282	211 263	158	95
St. Walburga's R.C Southbourne St. Katharine's	Μ.	•••	202	403	136	93
C. of E J	M 8- T		94	72	42	27
C. of E J Stourfield Council	S.M.		238	310	40	25
	J.M.		385	365	187	94
,, ,, ,, ,, ,,	Ι.		363	351	183	138
Talbot Village C. of E	$\mathbf{M}.$		207	233	147	123
	I.		133	115	125	90
Westbourne Council	M.		105	97	65	31
Winton & Moordown Council	В.		423	467	162	110
"	G.		357	363	158	76
2) 12	I.	• • •	407	398	220	163
Totals for B	orough		9886	9871	4766	3030

CAUSES OF EXCLUSION FROM SCHOOL.

Bronchitis					8
Cardiac Debil	itv				1
Chicken Pox	•••				14
Debility					12
Epilepsy					$\overline{2}$
External Eye					4
Eczema					1
Impetigo, Sor					36
Jaundice Jaundice	•••	•••	•••	•••	1
Mumps		•••	•••	•••	13
Otorrhoea		•••	•••	•••	3
Post T. & A.	Operation	าท	•••	•••	16
Rheumatism	Operation) <u>11</u>	•••	•••	6
Ringworm	•••	•••	•••	•••	5
Scabies	•••	•••	•••	•••	27
Scarlet Fever	•••	•••	•••	•••	~i
Sore Throat	•••	•••	•••	•••	$3\overline{2}$
Uncleanliness	•••	•••	•••	•••	66
Whooping Cor		•••	•••	•••	14
70.00	agn	•••	• • •	•••	72
Miscenaneous	•••	•••	• • •		ىد ە
					334
					001

JUVENILE EMPLOYMENT.

Certificates were granted as follows:—

		234
		20
		70
•••	• • •	20
	• • •	18
	•••	7
• • •		2
		371

Five other children failed to pass the examination and certificates were refused.

Thirteen children were also granted certificates to enable them to take part in an entertainment.

PHYSICAL TRAINING.

During 1936 there has not been an organiser of Physical Training but many of the teachers are enthusiastic and efficient justructors.

For organised games, provision is made in the parks and playing fields. Arrangements are made for the older children to learn swimming in the Corporation Baths. It is expected that they will subsequently attend voluntarily. Latterly the number of attendances has decreased, probably on account of the outbreak of Typhoid Fever.

The following remarks are extracted from a report of the Manager of the Stokewood Road Baths.

"830 scholars were on the time table for attendance during school hours this season, and made a total number of attendances of 8,951, which represents an average of 10 attendances per scholar. Last season, 8,142 attendances were made.

Of this number of scholars (830) 623 (316 boys and 307 girls) have learned to swim this year. 192 children are able to swim across the bath, and 431 are able to swim the length of the bath—a distance of 25 yards. The teachers have instructions from the Education Department to discontinue sending children when they are able to swim this distance.

These 431 children were tested and swam the length in the presence of members of the Baths Committee and myself on various dates during the season. The total number includes 206 boys and 225 girls. Last year there were 248 boys and 267 girls, making a total of 515 scholars who so qualified.

The scheme for the award of an advanced certificate was adopted by your Committee on my suggestion in November, 1934. The requirements for the award are as follows: Dive neatly; swim 75 yards by breast stroke; swim 25 yards by back stroke without the use of arms. I give below the number of scholars who have been successful in obtaining an award.

Boys 74 Girls 59

The advanced certificate is an excellent preliminary to the examinations of the Royal Life Saving Society."

OPEN-AIR EDUCATION.

There is no open-air school in Bournemouth maintained by the Education Authority so that delicate children have to be sent to residential institutions in other localities. The number thus dealt with is relatively small for there is in most instances a long waiting period prior to admission. Moreover, parents do not like the idea of sending a child to a distant institution which they are unable to visit owing to the expense incurred. A day-school in Bournemouth would be a great asset, for there are constantly being discovered children who are suitable for such an institution. At the same time there is not doubt that a small residential school in the proximity of Bournemouth could be steadily supplied and would in my opinion prove to be economical.

SCHOOL CAMPS.

As in previous years children were sent in July and August to holiday camps in Dorset. They are maintained by funds derived from voluntary sources under the auspices of the Mayor.

The girls went in two groups—20 at a time—to Corfe Castle, where they were accommodated in cottages in the village. The boys, forty in number, went in one group to a camp near Swanage.

The children who are selected on account of indifferent health or poor home conditions usually improve to a marked extent during the fortnight that they are away. Each child was weighed and measured before and after the holiday, increases being shown as follows:—

GAINS IN WEIGHT AND HEIGHT (GIRLS).

		. , , , , , ,		11111111	(01111)	<i>,</i> •
First Par	ty—					
Weig	ht:					
	Over 4 11	bs.				1
	Between		4 lbs.	•••		1
	Between					3
	Between			• • • •		4
	l lb and					11
						20
Heig	ht:					
	1 inch					1
	inch		•••	•••		$\overline{2}$
						$\overline{2}$
	$\frac{3}{4}$ inch					$\bar{2}$
	inch	•••	•••	•••	•••	ī
	78 inch 34 inch 12 inch 14 inch 18 inch	• • •	•••	•••	•••	ī
	inch	•••	•••	•••	•••	3
	8 111011	•••	• • •	•••	•••	
						19

Weight:	11				
Over 4			• • •	• • •	3
	3 and 4		• • •	• • •	3
	1 2 and 3	lbs.	• • •	• • •	2
2 lbs.	• • •	• • •	• • •	•••	2
	1 and 2	lbs.	• • •		3 2 2 5
l lb. an	d under	•••	•••	•••	2
					17
Height:					
l inch		•••	•••]
7 inch	•••]
inch ۽			•••		Ę
🧯 inch	•••				6
$\frac{1}{4}$ inch	•••				9
½ inch ½ inch ¾ inch ¼ inch ¼ inch ¼ inch	•••		•••		
8	•••	•••	•••	•••	
J					1

Gains in Weight, Height and Chest Measurement (Boys).

	·	(Boys).			
Weight:					
Over 5 lb	os.				3
Between	4 and 5	1bs.			3
Between					3
3 lbs.		• • •			1
Between	2 and 3	lbs.	•••		13
2 lbs.			• • •		1
Between	1 and 2	lbs.	• • •		8
l lb. and	under		•••		8
					40
					_
Height:					
					1
$\frac{3}{4}$ inch	•••	•••	•••	• • •	
inch inch	• • •	•••	•••	• • •	2
$\frac{5}{8}$ inch	•••	•••	• • •	• • •	3
$\frac{1}{2}$ inch	•••	•••	•••		8
🖁 inch	• • •	• • •			6
$\frac{1}{4}$ inch	• • •	• • •			6
78 inch 34 inch 55 inch 12 inch 38 inch 14 inch 18 inch	•••	•••			5
					_
					31

Chest	Measu	irement	•			
$\frac{1}{2}$	inch	•••	•••	• • •		5
4	inch	•••	•••	•••	•••	13
						—
						18

BLIND, DEAF, DEFECTIVE AND EPILEPTIC CHILDREN.

As will be seen in Table III of the Tables required by the Board of Education, there are only a few Blind or Deaf children who are maintained in the following Institutions:—

Swiss Cottage School for the Blind;

East London House and School for Blind Children;

West of England Institution for the Blind, Exeter;

West of England Institution for the Deaf and Dumb, Exeter.

The number of deformities ascertained tends to increase and it is questionable whether sufficient attention is being given to the correction of these. Major defects are treated in residential institutions, e.g., Treloar's Home for Crippled Children, but very little is done for children suffering from flat-foot and minor degrees of spinal curvature. A centre where remedial exercises could be arranged under expert supervision will probably prove to be a necessity in the near future.

The class for "retarded" children at the Charminster Council School has proved to be very useful. Further accommodation is needed, but the number of such children does not justify the provision of another class.

There are certain defectives, e.g., those suffering from multiple defects who are very difficult to accommodate as it is frequently impossible to obtain vacancies in residential institutions. This applies particularly to children who are mentally defective and epileptic.

MEDICAL INSPECTION RETURNS Year ended 31st December, 1936.

TABLE I.

A-ROUTINE MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups:-

	Entrants	•••	•••	•••	•••	931
	Second Age Group	•••	•••	•••	•••	1314
	Third Age Group	•••	•••		•••	981
			Total	•••	•••	3226
Number	of other Routine	Inspections.	•••	•••	•••	Nil
			Gr	and Total	•••	3226
	I	B—OTHER	INSPECTIO	ons.		
Number	of Special Inspecti	ons	•••	•••	•••	2345
Number	of Re-inspections		•••	•••	•••	878
			Tota	a¹	•••	3223

C-CHILDREN FOUND TO REQUIRE TREATMENT.

Number of individual children found at Routine Medical Inspection to require treatment (excluding Defects of Nutrition, Uncleanliness and Dental Diseases).

Group	For Defective Vision (excluding Squint)	For all other conditions recorded in Table IIA	Total
Entrants Second Age Group Third Age Group	8 33 60	22 53 22	30 83 73
Total (Prescribed Groups) Other Routine Inspections	101	97 —	186
Grand Total	101	97	186

TABLE II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION IN THE YEAR ENDED 31st DECEMBER, 1936.

		Rou	tine ctions.	Spec	tions.
		No. of	Defects	No. of	Defects
DEFECT OR DISEASE.		Requiring treatment	Requiring to be kept under observation but not requiring treatment	Requiring treatment	Requiring to be kept under observation but not requiring treatment
Skin	Ringworm: Scalp Body Scabies Impetigo Other Diseases (Non-	_ _ _	- 2 1 2	1 7 26 71	2 1 —
	Tuberculous)	_	25	175	1
	Blepharitis Conjunctivitis Keratitis Corneal Opacities Other conditions	 	9 -	25 16 1 2	2
Eye	(excluding Defective Vision and Squint) Defective Vision (excluding Squint) Squint	101	3 214 12	42 91 19	2 13 3
Ear	Defective Hearing Otitis Media Other Ear Diseases	<u>-</u>	4 7 3	14 36 45	6 4
Nose and Throat	Chronic Tonsillitis only Adenoids only Chronic Tonsillitis and Adenoids Other conditions	43 2 35	170 17 52 3	71 10 227 72	53 2 52 5
Enlarged Co	ervical Glands (Non-	1	66	37	5
Defective Sp	eech	-	27	2	2

TABLE II .- continued.

Heart and Circulation	Heart Disease: Organic Functional Anaemia		22 39 31	17 4 40	4 1
Lungs	Bronchitis Other Non-Tuberculous Diseases	3	49 9	67 14	1
	Pulmonary Definite Suspected	=	<u></u>	=	=
Tubercu- losis	Non-Pulmonary: Glands Bones and Joints Skin Other forms	= = =	=	=	=
Nervous System	(Epilepsy Chorea Other conditions		1 1 12	3 5 27	<u></u>
Defor- mities	Rickets Spinal Curvature Other forms	=	75 28 138	3 1 41	
Defects o	s and Diseases (excluding f Nutrition Unclean- Dental Diseases)	6	79	813	29
Total	Number of Defects	200	1102	2025	199
	,		·		· —-

B.—Classification of the Nutrition of Children Inspected during the Year in the Routine Age Groups.

Age-groups No. of Children Inspected		(Exce	ellent)	(Nor		(Slig su norn	b-	(Ba	
:	Inspected	No.	%	No.	%	No.	%	No.	%
Entrants Second Age-group Third Age-group Other Routine	931 1314 981	83 215 62	8.91 16.36 6.32		80.02 68.64 87.06	183	10.53 13.93 6.42	14	0.54 1.07 0.20
Inspections	Nil	_	_	_	_	_	_	_	_
Total	3226	360	11.16	2501	77.53	344	10.66	21	0.65

TABLE III.

RETURN OF ALL EXCEPTIONAL CHILDREN IN THE AREA.

(No child is entered under more than one heading in this Table.)

BLIND CHILDREN.

A blind child is defined by Sectiou 69 of the Education Act, 1921, as one who is "too blind to be able to read the ordinary school books used by children." This definition covers some children who are totally, or almost totally, blind and can only be appropriately taught in a school for blind children, and others who have partial sight and can be appropriately taught in a school for partially sighted children. Only the first class is included in this section.

At Certified Schools for the Blind.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution,	Total
1	_	_	_	1

PARTIALLY SIGHTED CHILDREN.

Entered in this section are only children, who, though they cannot read ordinary school books or cannot read them without injury to their eyesight, have such power of vision that they can appropriately be taught in a school for the partially sighted.

Children who are able by means of suitable glasses to read the ordinary school books used by children, without fatigue or injury to their vision are not included in this table.

At Certified Schools for the Blind.	At Certified Schools for the Partially Sighted.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	_	-		1	3

TABLE III.—continued.

DEAF CHILDREN.

A deaf child is defined by Section 69 of the Education Act, 1921, as one who is "too deaf to be taught in a class of hearing children in an elementary school." This definition covers some children who are totally, or almost totally, deaf and can only be appropriately taught in a school for deaf children, and others who have partial hearing and can be appropriately taught in a school for partially deaf children. Only the first class is included in this section.

At Certified Schools for the Deaf.	At Public Elemeutary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	_	_	1	3

PARTIALLY DEAF CHILDREN.

Entered in this section are children who can appropriately be taught only in a school for the partially deaf.

At Certified Schools for the Deaf.	At Certified Schools for the Partially Deaf.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution,	Total
-	_	- 1	-	_	Nil.

MENTALLY DEFECTIVE CHILDREN.

FEEBLE-MINDED CHILDREN.

Mentally Defective children are children who, not being imbecile and not being merely dull or backward, are iucapable by reason of mental defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools but are not incapable by reason of that defect of receiving benefit from instruction in Special Schools for mentally defective children.

The following Table includes all such children except those who have been notified to the Local Authority under the Mental Deficiency Act in accordance with Article 3 of the Mental Deficiency (Notification of Children) Regulations, 1928.

At Certified Schools for Mentally Defective Children.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	23	_	5	30

TABLE III .- continued.

EPILEPTIC CHILDREN.

CHILDREN SUFFERING FROM SEVERE EPILEPSY.

In this part of the table only those children are included who are epileptic within the meaning of the Act, i.e., children who, not being idiots or imbeciles, are unfit by reason of severe epilepsy to attend the ordinary Public Elementary Schools.

For practical purposes the Board are of opinion that children who are subject to attacks of major epilepsy in school should be recorded as "severe" cases and excluded from ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
1	<u> </u>	_	1	2

PHYSICALLY DEFECTIVE CHILDREN.

A.—TUBERCULOUS CHILDREN.

Only children diagnosed as tuberculous and requiring treatment for tuberculosis at a sanatorium, a dispensary, or elsewhere are recorded in this category. Children suffering from crippling due to tuberculosis which is regarded as being no longer in need of treatment are recorded as crippled children, provided that the degree of crippling conforms to the description of a crippled child given at the head of Section C below. All other tuberculous children who are regarded as being no longer in need of treatment are recorded as delicate children.

I.—CHILDREN SUFFERING FROM PULMONARY TUBERCULOSIS. (Including pleura and intra-thoracic glands).

At Certified Special Schools.			At no School or Institution.	Total	
2	5	_	1	8	

II.—CHILDREN SUFFERING FROM NON-PULMONARY TUBERCULOSIS. (This category includes tuberculosis of all sites other than those shown in (I.) above).

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
2	7	<u> </u>	1	10

TABLE III.—continued.

B.—DELICATE CHILDREN.

This section is confined to children (except those included in other groups) whose general health renders it desirable that they should be specially selected for admission to an Open Air School. Such children are included irrespective of the actual provision of Open Air Schools in the area, or of the practicability in present circumstances of sending the children to Residential Schools. Children are not regarded as suitable for admission to an Open Air School unless the Medical Officer is prepared to certify that they are incapable by reason of physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	Special Public		At no School or - Institution.	Total.
2	10	<u> </u>	_	12

C.—CRIPPLED CHILDREN.

This section is confined to children (other than those diagnosed as tuberculous and in need of treatment for that disease) who are suffering from a degree of crippling sufficiently severe to interfere materially with a child's normal mode of life, i.e., children who generally speaking are unable to take part, in any complete sense, in physical exercises or games or such activities of the School curriculum as gardening or forms of handwork usually engaged in by other children.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution,	Total
7	15	-	3	25

D.—CHILDREN WITH HEART DISEASE.

This Section is confined to children in whose case the Medical Officer is prepared to certify that they are incapable by reason of such physical defect of receiving proper benefit from the instruction in the ordinary Public Elementary Schools.

At Certified Special Schools.	At Public Elementary Schools.	At Other Institutions.	At no School or Institution.	Total.
	_	_	2	2

TABLE III.—continued

CHILDREN SUFFERING FROM MULTIPLE DEFECTS. Children suffering from any combination of the following types of defect :-

Blindness (excluding partially sighted children). Deafness (excluding partially deaf children). Mental Defect (Fceble-minded).

Severe Epilepsy. Active Tuberculosis.

Crippling (as defined in Section C above).

Heart Disease.

Combination of Defect	At Certified Special Schools	At Public Elementary Schools	At other Institutions	At no School or Institution	Total
Blind and Feeble-minded Epileptic and Feeble-minded	1	_			1 2

TABLE IV.

RETURN OF DEFECTS TREATED DURING THE YEAR ENDED 31st DEC., 1936

TREATMENT TABLES. Group I.-Minor Ailments (excluding Uncleanliness, for which see Table VI.)

	Number of Defects treated, or under treatment during the year			
DISEASE OR DEFECT.	Under the Authority's Scheme.	Otherwise.	Total.	
SKIN:— Ringworm—Scalp— (i.) X-Ray Treatment (ii.) Other Ringworm—Body Scabies Impetigo Other Skin Diseases	1 2 10 35 185 403		1 2 10 35 185 403	
MINOR EYE DEFECTS:— (External and other, but excluding cases falling in Group II.)	130	_	130	
MINOR EAR DEFECTS	73	_	7 3	
MISCELLANEOUS (e.g., Minor injuries, bruises, sores, chilblains, etc.)	1623	_	1623	
Total	2462		2462	

Group II.—Defective Vision and Squint (excluding Minor Eye Defects treated as Minor Ailments, Group I.)

								
	No of Defects dealt with			No.	No. of children for whom spectacles were			
				Presc:	ribed	Obta	ined	
DEFECT OR DISEASE	Under the Author- ity's Scheme	wise	Total	Under the Author- ity's Scheme	Other- wise	Under the Author- ity's Scheme	Other-wise	
Errors of Refraction (including squint) Other Defect or Disease of the Eyes (excluding those recorded in Group I)	326	63	389	234	40	59	205	
Total	326	63	389					

Group III.—Treatment of Defects of Nose and Throat.

	Nu	mber of Defects.			
Recei	ved operative	Treatment.			
	By Private Practitioner or Hospital, apart from the Authority's Scheme.	Total	Received other forms of Treatment.	Total number treated.	
Tonsils only Adenoids only Tonsils and adenoids Other defects of nose and throat	298	1	299	-	299

TABLE IV.—continued.
GROUP IV.—ORTHOPAEDIC AND POSTURAL DEFECTS.

Total number treated		38
	Non-residential treatment at an orthopaedic	29
Otherwise.	Residential treatment without education	61
	Residential treatment with education	
s Scheme.	Residential Non-residential Residential treatment treatment at an without orthopaedic education clinic.	
Under the Authority's Scheme.	Residential treatment without education	1
Under th	Residential treatment with education	7
		Number of children treated

TABLE V.—Dental Inspection and Treatment.

- 1) Number of Children who were:-
 - (i) Inspected by the Dentist:-

(1) Inspected by the Dentist:—	
11	otal 7207 801 8008
(ii) Found to require treatment (iii) Actually treated	5593 1790
(2) Half-Days devoted to Inspection 37 Treatment 244	otal 281
(3) Attendances made by children for treatment	3593
(4) Fillings Permanent Teeth 1724 Temporary Teeth 586	otal 2310
(5) Extractions Permanent Teeth 1016 Temporary Teeth 2935 T	otal 3951
(6) Administrations of general anaesthetics for extractions (7) Other operations	1662 28
TABLE VI.—Uncleanliness and Verminous Condition	G.
(i) Average number of visits per school made during year by the School Nurses	
(ii) Total number of examinations of Children in Schools by School Nurses	the 27616
(iii) Number of individual Children found unclean	483
(iv) Number of Children cleansed under arrangeme made by the Local Education Authority	ents Nil.
 (v) Number of cases in which legal proceedings were (a) Under the Education Act, 1921 (b) Under School Attendance Byelaws 	taken:— Nil. Nil.

SECONDARY SCHOOLS.

TABLE I.—Return of Medical Inspections.

NUMBER OF INSPECTIONS.

Boys	•••	•••	•••		566
Girls	•••	•••	• • •		432
		Tot	al	•••	998

TABLE II.

A. Return of Defects found by Medical Inspection in the year ended 31st December, 1936.

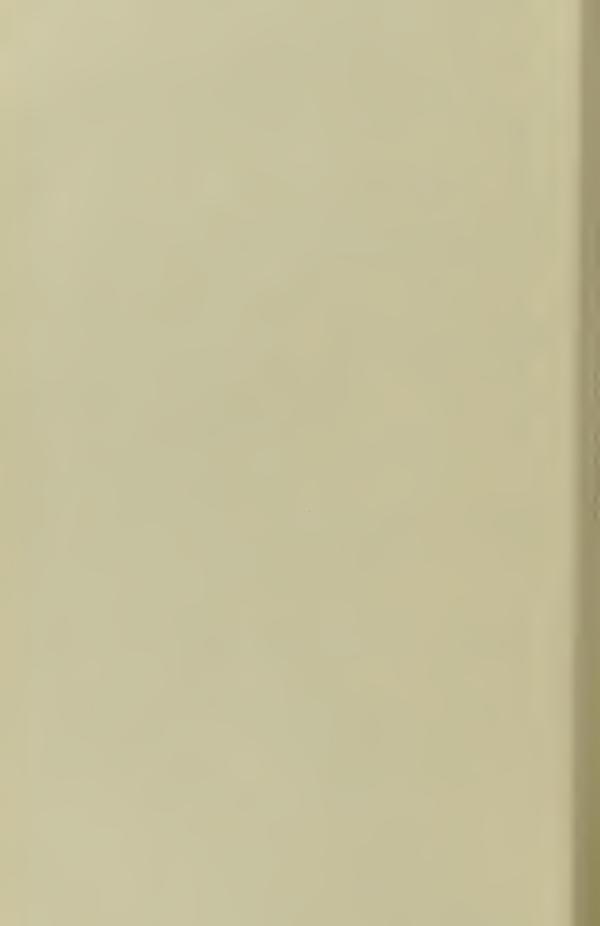
		-				
		Routine Inspections.				
		No.	No. of Defects.			
	DEFECT OR DISEASE.	Requiring treatment.	Requiring to be kept under observation, but not requiring treatment.			
	Ringworm:					
	Scalp	_ /	_			
01.	Body	_	_			
Skin	Scabies	_	_			
	Impetigo	_	_			
	Other Diseases (Non-	2	13			
	Tuberculous)	2	13			
	, Blepharitis	_	2			
	Conjunctivitis	_				
	Keratitis	_	_			
Eye	Corneal Opacities		<u> </u>			
-,-	Defective Vision (excluding	1				
	Squint)	37	95			
	Squint	1	3			
	Other conditions	1	_			
	(Defective Hearing		1			
Ear	Otitis Media	1	1			
	Other Ear Diseases	_	1			
Nose	Chronic Tonsillitis only	1	37			
and	Adenoids only	_	1			
Throat	Chronic Tonsillitis & Adenoids	2				
	(Other conditions	2	1			
		I I				

TABLE II-Continued.

Enlarged Cervical Glands (Non-Tuberculous)				_	1
Defective Sp	eech			_	5
·					
Hea rt	Heart Disease:				
and	Organic Functional	•••	•••		6
Circulation	Anaemia	•••	•••	1	11
	· zinacinia	•••	•••	1	**
Lunge	Bronchitis				
Lungs	Other Non-Tubercu	lous Dis	eases	1	
	, Pulmonary:				
	Definite				_
	Suspected	•••	•••	<u> </u>	_
Tuber-	Non-Pulmonary:				
culosis	Glands			_	
Cuiobis	Bones and Joints		•••		
	Skin		•••		_
	\ Other forms	•••	•••	_	
Nervous	(Epilepsy			_	_
System	Cliorea		•••	_	_
•	Other conditions		•••	1	_
	(Rickets				
Deformities	Spinal Curvature	•••	•••	1	15
20121010	Other forms			4	29
Other Defea	to and Disasses (ove	aludina	II.		
Other Defects and Diseases (excluding Uncleanliness and Dental Diseases)			1	12	
	Total			54	235

B. Number of Individual Children found at Routine Medical Inspection to require treatment (excluding uncleanliness and dental diseases).

Group	For Defective Vision (excluding Squint).	For all other conditions recorded in Table IIA.	Total	
Code Groups.	37	17	53	



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